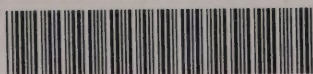


L5

H10

10/83

10/83



22502701993

WELLCOME LIBRARY
General Collections
+M
253

COMMITTEE ON THE PROVISION FOR THE TREATMENT OF
TUBERCULOSIS.

MINUTES OF PROCEEDINGS

OF A

COMMITTEE

Appointed by the Chancellor of the Exchequer to report at an early date upon the considerations of general policy in respect of the problem of Tuberculosis in the United Kingdom, in its preventive, curative, and other aspects, which should guide the Government and local bodies in making or aiding provision for the Treatment of Tuberculosis in Sanatoria or other Institutions, or otherwise.

FIRST DAY.

Monday, 26th February 1912.

PRESENT :

MR. WALDORF ASTOR, M.P. (*Chairman*), *presiding*.

MR. CHRISTOPHER ADDISON, M.P., M.D.
MR. N. D. BARDSWELL, M.D.
MR. DAVID DAVIES, M.P.
MR. A. MEARNS FRASER, M.D.
MR. A. LATHAM, M.D.
MR. W. LESLIE MACKENZIE, M.D.
MR. J. C. MCVAIL, M.D.
MR. W. J. MAGUIRE, M.D.
SIR GEORGE NEWMAN, M.D.

MR. ARTHUR NEWSHOLME, C.B., M.D.
MR. JAMES NIVEN, LL.D., M.B.
MR. MARCUS PATERSON, M.B.
MR. R. W. PHILIPS, M.D.
MR. H. MEREDITH RICHARDS, M.D.
MR. T. J. STAFFORD, C.B., F.R.C.S.I.
MISS JANE WALKER, M.D.
MR. J. SMITH WHITAKER, M.R.C.S.
MR. F. J. WILLIS (*Secretary*).

(*Chairman.*) First of all I must thank you all for having come. I know many of you come from a long way, from Ireland and Scotland and Wales. As you probably know, three factors have led to the appointment of our Committee by the Treasury—recent legislation, the order making consumption compulsorily notifiable in England and Wales, and increasing public interest in tuberculosis. The Insurance Act provides 1,000,000*l.* per annum for dealing with tuberculosis. The intention of the Act appears to be, first of all, that treatment should be given to insured persons, but the Act also provides for the prevention of tuberculosis, and by the consent of local authorities and of the Treasury, further funds can be raised for the extension of sanatorium benefit to certain non-insured persons.

In addition to this, a capital sum of 1,500,000*l.* is made available by the Finance Act, 1911, that is, is contributed by the general taxpayer. The intention apparently is that this money should be distributed as grants in aid.

The Insurance Act has created a new authority connected with health, that is, a central body called the Insurance Commissioners, with Insurance Committees in each locality. The Act gives power to the Insurance Commissioners, on the one hand, and the Local Government Boards for England, Scotland and Ireland on the other hand, in respect of the same matters, and it is obvious, on consideration of the provisions of the Act, that the closest possible co-operation between these Departments is essential for the successful attainment of the objects of the Act. We have, therefore, on our Committee, representatives of the three Local Government Boards and of the Insurance

Commissioners of England, Scotland, Ireland, and Wales, covering a large majority of the adult population, insured and non-insured. Further tubercular children, either as dependants or because they are necessitous, most assuredly will need our consideration, and the Board of Education is represented here accordingly.

The terms of our Reference are intentionally wide. We are asked to survey the problem of tuberculosis as a whole; to give advice, at an early date, upon the general policy that should guide the Government. Our advice must, in the main, be concerned with the present treatment of the tuberculous, but we must not omit the general consideration of the prevention of tuberculosis. We cannot go into details like a Royal Commission, but we should not be carrying out our instructions if we failed to give a general indication to the best of our existing knowledge as to the measures most likely to eradicate tuberculosis in the future. It is possible that as we proceed it may be necessary to call for evidence on certain points.

With your mutual co-operation and goodwill, I trust that I may be able, with the help of the Secretary, to draw up a report worthy of the distinguished composition of this Committee.

Well, gentlemen, I have asked Dr. Newsholme to prepare a general statement on certain aspects connected with tuberculosis. Before we discuss the statement he is going to put before us, I think, perhaps, the best thing I can do is to tell you the procedure which I suggest. The best thing, I think, we can do is, if possible, to try and pass general resolutions covering as widely as possible as many aspects as we

can of this question, and after we have done that, we should consider the various points that will undoubtedly arise on the different resolutions. We will try and arrange to let you have a list showing on which resolutions specific points will be raised. I will now ask Dr. Newsholme to submit his statement.

(Dr. Newsholme.) Gentlemen, at the Chairman's suggestion, I have prepared a summary of the main subjects which I imagine will need to be discussed by the Committee:—

1. The Committee have been appointed to report upon the considerations which should guide the Government and local bodies in making or aiding provision for the treatment of tuberculosis. They are directed in doing this to keep in view the preventive, curative, and other aspects of the matter.

The treatment of this disease, whether in insured or non-insured persons, is part of a single problem, which, in actual work, can only be satisfactorily dealt with as a whole. At every stage, preventive and therapeutic measures must be intimately related, if the interests of the patient as well as of the public are to be safeguarded.

2. The general sanitary administration of local authorities does not, of course, come within the purview of the Committee; but their powers and duties, as affecting the prevention of tuberculosis, need to be borne in mind in considering treatment in its preventive aspects.

3. The Committee will, I assume, be specially concerned with means for securing the early recognition and the adequate treatment of every case of the disease.

4. No scheme for securing *early diagnosis* will succeed completely which does not enlist the active co-operation of general practitioners throughout the country. The following statement on this point has been made by the Royal College of Physicians:—

“The college draw attention to the great importance of keeping the medical practitioners throughout the country interested in and in educational touch with the clinical aspects, diagnosis, and treatment of tuberculous disease.”

5. The practitioner's work in diagnosis can be made more successful (a) by providing the aid of a consultant in doubtful cases, and (b) by arranging that in every county and county borough examination of sputum can be obtained.

6. The consultant or tuberculosis medical officer may be supplied from the medical staff of a tuberculosis clinic or dispensary; or he may be provided apart from this. In either case there will be great advantage in retaining him to advise also as to patients requiring treatment in a sanatorium.

In following up information as to cases of tuberculosis, other cases of tuberculosis, previously undetected, are brought to light. For this work, and to co-ordinate the entire tuberculous work of a district, a *tuberculosis clinic or dispensary* or a *tuberculosis medical officer*, apart from a special institution, is required. Such a clinic or officer when properly related to the local authority and their Medical Officer of Health becomes an efficient centre for the entire tuberculosis work of a district or borough. In this way early diagnosis can be secured; cases can be selected for sanatorium treatment; and the continued satisfactory treatment, after-care, and supervision of patients who have left a sanatorium can be arranged. By a judicious use of the clinic and the sanatorium in relation to each other, institutional treatment may sometimes be much curtailed. When practicable, there will be advantage in affiliating a tuberculosis clinic to an already existing medical institution. By utilising the services of general practitioners as assistant medical officers of the clinic, its work can be arranged in a manner which will more completely fit practitioners for their duties in the diagnosis and domiciliary treatment of tuberculosis.

7. The tuberculosis medical officer should be in daily touch with the medical officer of health; and the receipt of institutional benefit may with advantage be made conditional on the report of the tuberculosis medical officer.

The relation of the tuberculosis clinic to the medical officer of health should be such that there is

no avoidable duplication of home visiting. Similarly, the work of the tuberculosis medical officer should be co-ordinated with the school medical service, in order to avoid duplication in the work of diagnosis and treatment of the disease.

8. In the preceding paragraph the tuberculosis clinic or tuberculosis medical officer has been considered as a means of early diagnosis, and as a co-ordinating centre for official tuberculosis work. In the following list this work takes its place among *methods of treatment of tuberculosis*.

A. *Domiciliary Treatment.*

Domiciliary treatment by a private practitioner.

Domiciliary treatment by a medical officer attached to a clinic or dispensary.

The provision of spit bottles, disinfectant, awnings, shelters, &c. for domestic treatment.

The provision of nursing when required.

B. *Out-patient Treatment.*

At a tuberculosis clinic or dispensary, where specific or other treatment may be carried out. This may be connected with a general hospital or a sanatorium, or be an independent institution.

C. *Institutional Treatment.*

This has been adopted for patients coming within the following categories:—

- (a) for early patients for whom arrest of disease is probable;
- (b) for patients for whom preliminary watching is needed before the duration of sanatorium treatment can be determined;
- (c) for patients with fully established disease for whom a short period of treatment and training is desirable;
- (d) for patients for whom treatment by tuberculin or otherwise will subsequently be continued at the patients' home or at a tuberculosis clinic;
- (e) for patients with advanced disease who cannot, in the interests of themselves or their families, be safely or efficiently nursed at home;
- (f) for patients suffering from other forms of tuberculosis, *e.g.*, of bone;
- (g) for children with various forms of tuberculosis.

D. *Other Forms of Treatment* may be roughly indicated as follows:—

In certain cases—

Day camps for daily treatment, when insufficient beds are available.

Night camps for patients at work.

Out-door facilities for work for patients remaining uncured after sanatorium treatment.

Farm colonies.

Open-air schools and classes.

Convalescent homes.

Arrangements for after care.

9. The success of the measures set out above, especially of those enumerated under A, B, and C, depends in large measure on their close inter-relation, so that when a satisfactory regime has been obtained, its continuance can be secured.

10. The amount of sanatorium provision made will vary according to local needs. Local option as to the amount and kind of provision may be permitted within considerable limits, if a local scheme embodies the possibility of sound development in the light of experience. Every scheme for a county or county borough or combinations of these will need to be considered in the light of local knowledge.

11. For sanatoria, especially those for the treatment of early cases of pulmonary tuberculosis, and of surgical forms of tuberculosis, a large unit of administration is necessary. Combination with neighbouring counties or county boroughs will be advantageous when this is required to ensure the provision of an institution with at least 100 beds, having a resident medical officer and an assistant medical officer.

12. In many districts economy in provision of certain forms of sanatorium treatment ((b), (c), (d), or (e), in paragraph 8), can be secured by utilising isolation

hospitals, or by erecting new pavilions in the grounds of these hospitals. Such institutions present the great advantage of being fairly near the homes of the patients.

13. In providing institutional treatment for patients with advanced disease, it is desirable to avoid names such as "homes for the dying." Many patients admitted with advanced disease, return home with greatly improved health. The curative aspect can be maintained in all institutions for the treatment of tuberculosis.

14. Some guidance appears desirable as to a possible limit of expenditure per bed, and as to the desirability of providing rooms for four or eight patients, supplemented by a few single rooms.

15. The point will arise as to the proportion of the cost per bed which should be borne by the Government's capital fund and by the local sanatorium providing authority respectively; and as to whether a sliding scale may be adopted for grants, varying to some extent with the cost per bed.

16. It will be necessary to consider in certain instances the claims of private persons and committees to receive grants for sanatoria. It may be advisable to recommend that in connection with all such applications the Local Government Board should have the advantage of the observations of the county council or county borough council of any areas from whom the patients are received.

17. Whatever arrangements are likely to be made for the institutional treatment of tuberculosis, the larger part of nearly every consumptive's illness will be spent at home.

In many of these cases a medical practitioner will be in charge of the patient; and his help in securing continued supervision of the patient, as well as in treating him, will be needed. In other instances the patient will be treated in connection with a tuberculosis clinic.

18. *Educational measures* form an indispensable part of the campaign against tuberculosis. Briefly these measures will comprise special instruction of each patient; instruction of the relatives of the patient; and instruction of the general public. The last-named may take the form of lectures and addresses, warning notices, and travelling tuberculosis exhibitions, such as those of the National Association for the Prevention of Tuberculosis.

19. Both in regard to the home treatment of cases of tuberculosis and to the after-care of partially or completely recovered patients, there is need for help, apart from direct medical treatment; and a high value attaches to the assistance of voluntary social workers which should be obtained whenever practicable.

20. The question of research into methods of further control of tuberculosis by means of the funds at their disposal for this purpose will doubtless receive the careful attention of the Insurance Commissioners.

(*Chairman.*) I am sure we are very grateful to Dr. Newsholme for having put such an interesting statement before us. Mr. Willis has circulated certain resolutions. I think what we should try and do is to see how many of these resolutions we can agree to, then afterwards take them *seriatim* and raise on each one the points that would naturally arise. Before we do this, though, I should like to ask you about what would be the most suitable time and days for the meetings of this Committee. Some of you, I know, come from afar, and it might be convenient to meet to-morrow and perhaps the next day.

(*Dr. Smith Whitaker.*) I can sit the whole week, if necessary.

(*Mr. Stafford.*) I can sit from day to day until we finish.

(*Chairman.*) Until we finish the first part?

(*Mr. Stafford.*) Until we have prepared our report.

(*Dr. Addison.*) We might sit to-day and to-morrow. We shall want detailed information on various points, and it might be very desirable to have an interval.

(*Chairman.*) We shall be able to tell better, probably, to-morrow. Then, as to the time; does 11 o'clock suit the members of the Committee? Mr. Willis has been kind enough to arrange that we should have lunch here, and, if it is convenient, I would suggest that we should sit from 11 to 1, and then from 2 to 4. Does that meet with your approval?

(Dr. Addison.) Could we not meet a little earlier?

(Chairman.) All right, shall we try half-past ten to-morrow?

AGREED.

(Chairman.) Gentlemen, are there any questions, any general questions, that you would like to put before we begin discussing the resolutions, either as to the scope of our work or on any other points?

(Dr. Smith Whitaker.) I should like to make an observation. A suggestion has been made that we should sit *de die in diem* until we arrange for the Final Report. I must confess, from my personal experience of Committee work on a body like this meeting for the first time, with no previous knowledge of one another's point of view, I think we should all work more easily if we had an idea of the general programme. To-day, possibly, we shall probably hear the grounds for our different points of view sufficiently, and if we could have sent round to us by post something by the Secretary we could all send our comment on it, and that might assist you in probably revising the draft, so that when we do come to another meeting we should really be prepared to discuss any points of detail which might be elicited. That would save time all round.

(Dr. Leslie Mackenzie.) That expresses my view exactly, with perhaps an extra day added.

(Dr. Smith Whitaker.) We cannot tell that without inquiry: we cannot tell until the first or second day.

(Chairman.) It really depends on how far we get on to-day and to-morrow. I think we cannot really tell at this stage.

(Dr. Addison.) That is my point. We must get along. We shall want special information on various detailed points, which will require specific inquiry and report, and, therefore, it is impossible to say at this juncture.

(Mr. Stafford.) The reason I made the suggestion that we should sit from day to day is because there is a thing called the Irish Channel, which is sometimes very difficult to cross, and there is such a place as Scotland, which is a long way off. I think if we could sit from day to day until such time as we require to adjourn, we would then be in a better position to deal properly with this matter and come to a conclusion with you, sir, and everyone here wishes, and bring the labours of the Committee to a termination.

(Chairman.) Yes, we really cannot tell until to-morrow. To-morrow we shall have a far better idea. You have got the resolutions; they are intended to cover every possible aspect connected with this question, and I should suggest that any that we cannot agree to should either be altered so that we can agree to it at the present moment, or else should be left over until the next day, and that then we should take them *seriatim* and discuss the various details which would naturally arise, and must naturally have full and careful discussion, such as dispensaries, which occur on Resolution 7, and sanatoria, which occur on Resolution 8, and so on. As to the first resolution on the paper,—

“That the discussion and final recommendations shall be concerned with tuberculosis in all its forms.”

I would like to know what the members of the Committee think.

(Dr. Newsholme.) I think we should be unanimous on that at once.

(Chairman.) Do we agree unanimously to the first resolution?

AGREED.

(Chairman.) Now, the second—

“That the provisions eventually made should be such as to facilitate diagnosis at the earliest possible moment, and for notification of all forms of tuberculosis, and that notification returns should be received and collated at any appropriate centre in each area.”

(Dr. Addison.) With regard to the point in the resolution, “and for notification of all forms of tuberculosis,” whilst we would like that to be the case, we have to consider what that would actually do. Under the Insurance Act itself, any person suffering from tuberculosis who is an insured person would be

notified to the insurance authority, and at the same time, under the present regulations of the Local Government Board, all cases of permanent tuberculosis are also notified. But this Act comes into operation with a considerable tuberculosis population at present, which will never become insured persons. No person with advanced tuberculosis will ever become an insured person. An insured person probably will not be notified. Then, there will be medical tuberculosis, which at the present time we have no power to notify, except the person suffering from it happens to be an insured person. In the case of children, therefore, they will not be insured persons and we have no power, except by the wish of the patient voluntarily, to notify the case to anyone else, unless the Local Government Board pass an order; but, I think, before recommending that they should pass an order, we should discuss the question. Therefore, I raise this point now, with respect to "and for notification of all forms of tuberculosis."

(*Chairman.*) Then, shall we omit these words and discuss that point when we go through the resolutions presently?

(*Dr. Newsholme.*) I think with the emendation we may pass the resolution.

(*Mr. Stafford.*) Substitute "permanent tuberculosis."

(*Dr. Leslie Mackenzie.*) About 60 per cent. of the Scotch are already.

(*Chairman.*) After all, we can only advise. Then, we will reserve that. The second resolution should read as follows:—

"That the provisions eventually made should be such as to facilitate diagnosis at the earliest possible moment, and that notification returns should be received and collated at an appropriate centre in each area."

(*Dr. Smith Whitaker.*) Omitting "and for notification of all forms of tuberculosis."

(*Chairman.*) We may raise that. Is it your pleasure that we agree to this resolution?

AGREED.

(*Chairman.*) Then the third one is—

"That facilities should be afforded for confirmation of the diagnosis where required by an expert."

(*Dr. Newsholme.*) Before agreeing to Resolution 2, I think it is desirable to keep these resolutions as general as possible; "and that notification returns should be received and collated at an appropriate centre in each area," from an administrative point of view is a very vague statement. There is only one appropriate centre in each area, that is the county council or the county borough council in these areas. They receive a notification, and that does not carry us far.

(*Dr. Smith Whitaker.*) An actual notification of all tuberculous cases.

(*Dr. Niven.*) But why not leave the matter in the present administrative form with the provision that these returns shall be immediately sent on to the Insurance Commissioners? Why should not the notification take its present shape on the understanding that copies of any notifications made are immediately transmitted to the Insurance Commissioners?

(*Dr. Smith Whitaker.*) I see no objection to that. In the first place, by adopting that suggestion at the present stage you are practically deciding as to policy on behalf of the Insurance Commissioners, which will certainly need consideration from every point of view. But, from the point of view of the Insurance Commissioners, who are concerned with other forms of tuberculosis —

(*Dr. Leslie Mackenzie.*) The notification to the Insurance Committee does not mean the same thing, as all the tuberculosis cases notified to the Insurance Committee are already notified to the Local Government Board, so if we do not have some perfectly specific notification —

(*Dr. Newsholme.*) We shall discuss the details. As far as possible we do not want to overlap; we want the head authority to have all the information which it is necessary for them to have to do their duty.

(*Dr. Niven.*) It is a matter for adjustment.

(*Chairman.*) For the moment we seem to be agreed upon the first two lines. We will raise the other points presently. Therefore, the resolution now is—

“That the provisions eventually made should be such as to facilitate diagnosis at the earliest possible moment.”

Is there anything to be raised on the first resolution?

(*Dr. Niven.*) Can we have Resolution 2, as it finally stands, now read; I think there is a doubt as to what has been passed exactly under the resolution.

(*Chairman.*) At present we have agreed to Resolution 2 as follows:—

“That the provisions eventually made should be such as to facilitate diagnosis at the earliest possible moment.”

The other points raised come up for discussion later on. We are now on Resolution 3. Are there any points on Resolution 3 which any member of the Committee would like to raise?

(*Dr. Philip.*) Does it not seem, sir, that No. 3 is really covered by No. 2?

(*Dr. Newsholme.*) I think it is largely, but there is no harm in having Resolution No. 3 inserted.

(*Dr. Addison.*) I think the only expression in No. 2 is our desire “that arrangements shall be made to ensure the early diagnosis,” which we all agree is very desirable, and Resolution No. 3 deals with the machinery by which we seek to obtain that early diagnosis, and also the confirmation of the diagnosis, which may not be corrected as made in the first. We seem to require some machinery for taking the diagnosis.

(*Dr. Philip.*) It seems to me that is all covered under the phrase “facilitate diagnosis.” If you desire to expend it I have no objection, but it is really an expansion of No. 2.

(*Dr. Niven.*) With all respect to the previous speaker, I do not think it is covered. As Dr. Addison has said, I think Resolution 2 applies more to diagnosis, correct or incorrect, and I think that Resolution 3 is therefore required, sir.

(*Chairman.*) There is no serious objection, I gather, on this side.

(*Mr. Stafford.*) The only possible objection I see is that it keeps an extra officer to make the inquiry.

(*Chairman.*) I should also point out that the words “That facilities should be afforded for confirmation of the diagnosis where required by an expert” do not bind. I gather, Dr. Philip, you do not object, although you consider it unnecessary?

(*Dr. Philip.*) Yes.

(*Chairman.*) Then is it agreed that we pass the third resolution?

AGREED.

(*Chairman.*) Now the fourth resolution.

(*The Secretary.*) “That facilities should be afforded for expert advice in the selection of cases and in the recommendation of the appropriate form of treatment.”

(*An Hon. Member.*) Selection for a sanatorium, sir?

(*The Secretary.*) Yes, I take it it is for a selection of dispensary treatment, sanatorium treatment, or hospital treatment.

(*Dr. Paterson.*) Do I understand that as Insurance Commissioners you can refuse any case of treatment for tuberculosis?

(*Dr. Smith Whitaker.*) Yes, the Insurance Committee have it in their power to decide whether a given portion shall or shall not be entitled to sanatorium benefits, but the phraseology of the Act is that an insured person shall not be entitled to sanatorium benefits unless the Insurance Commissioners recommend him for sanatorium benefits.

(*Dr. Paterson.*) I suggest that is important, because by section 3 of the Act an insured person would not be entitled to sanatorium benefits unless the Insurance Committee recommend such a case for such benefits. Then it covers any form of treatment whatsoever, sanatorium, dispensary, or hospital. Consequently some provision ought to be made for dealing with these cases on lines appropriate to the case. I think it is a case for a separate resolution.

(*Sir George Newman.*) Does not this resolution meet that point you are elaborating?

(*Dr. Paterson.*) If it is not understood to be confined to cases under the Insurance Act.

(*Sir George Newman.*) It is not confined to cases under the Insurance Act.

(*Dr. Paterson.*) We should have two separate steps covered by this paragraph. The first is the selection of cases to undergo treatment without prejudice to the question of what it may be—they shall receive it; and secondly that the kind of treatment is appropriate to that case.

(*Chairman.*) Gentlemen, we are on Resolution 4: "That facilities should be afforded for expert advice " in the selection of cases and in the recommendation " of the appropriate form of treatment," and I suggest that any member of the Committee wishing to make any remarks should stand up. That will be the best way of proceeding till lunch time, and we will try and make different arrangements in the afternoon.

(*Dr. Newsholme.*) I appreciate the difficulty of what has been mentioned by Dr. Paterson, as to what is meant by "selection of cases."

(*Dr. Smith Whitaker.*) The selection of cases for treatment.

(*Chairman.*) And the selection of cases for the appropriate form of treatment.

(*Dr. Richards.*) Do I understand, Mr. Chairman, that the expert engaged for the confirmation of the diagnosis should be also the expert as regards investigating the selection of cases for treatment; the same expert?

(*Dr. Newsholme.*) I think the resolution reads as follows:—

"That facilities should be afforded for expert advice in the selection of cases and in the recommendation of the present form of treatment."

(*Dr. Richards.*) Every patient will have treatment, I take it?

(*Dr. Newsholme.*) Surely.

(*Dr. Fraser.*) But every patient will not have sanatorium treatment. The duty of the expert is to decide as to whether he shall have sanatorium or some other form of treatment. Is not that the intention of the section?

(*Dr. Newman.*) Sanatorium benefit is not the same thing as treatment in the sanatorium. Sanatorium benefit covers every kind of benefit, whether at home or in the clinic or in the sanatorium, but is paid for out of the sanatorium benefit of the insurance fund.

(*Dr. Fraser.*) Then following on that, you mean that a certain number of cases, in fact, to put it plainly, will not receive any treatment at all unless they are selected, is that it?

(*Dr. Smith Whitaker.*) At any rate, whatever treatment they receive would not be paid for out of the sanatorium benefit.

(*Dr. Newsholme.*) I consider there are two cases; Resolution 4, whether as modified as I suggest, or left as it originally stood, is a mere expression of opinion as to the desirability of the appropriate treatment being given to every tuberculosis case in the country. Then Dr. Leslie Mackenzie and Dr. Richards raised another point, which is an extremely important point, and I agree with them.

(*Dr. Mackenzie.*) When we discussed that resolution dealing with the point which is as to the possibility of some persons not being entitled to sanatorium benefits if the Insurance Committee do not elect them to such benefits, that is another question, but this particular resolution before us is the resolution stating that, in our opinion, every tuberculous patient ought to get the appropriate treatment he needs, and I do not see how you can object to passing it in that form.

(*Dr. Addison.*) Of course, we must have some machinery for classification of cases. That would arise when we come to discuss the question, but in regard to the Insurance Act we need a system of classification as apart from determining what is the appropriate form of treatment for any particular case. If we substitute the word "classification" for "selection" that might perhaps meet it, and also meet Dr. Richards's point.

(*Dr. Niven.*) Would it not meet the point which has been raised by adding the words "for institutional treatment" after "cases."

(*Chairman.*) It is suggested now that the words should be, "That facilities should be afforded for expert advice in the classification of cases and in the recommendation of the appropriate form of treatment."

(*Dr. Newsholme.*) I accept that.

(*Dr. Fraser.*) Before you go any further, may I ask whether the resolutions we are passing now are binding on this Committee, or whether they have further opportunities, because a number are new to us.

(*Chairman.*) We propose to go through them all afterwards. We want to get the greatest measure of agreement before getting into detail.

(*Dr. Fraser.*) Thank you, sir.

(*The Secretary.*) The 5th Resolution is as follows:—
"That treatment should be institutional or otherwise."

(*Chairman.*) I fancy nobody will dispute that?

AGREED.

(*Dr. McVail.*) Is that resolution necessary at all, sir?

(*Chairman.*) Yes, because Dr. Fraser raised that, and this resolution says it includes all the forms of treatment; it is necessary to have all forms of treatment.

(*Dr. Smith Whitaker.*) "Recommendation of the appropriate form of treatment, whether institutional or otherwise."

AGREED.

(*The Secretary.*) Resolution 6:—"That in all cases of treatment—whether domiciliary, institutional, or otherwise—the advantages of instruction, training, and education generally should be secured."

(*Dr. McVail.*) Should we leave out the word "domiciliary"? We have "institutional or otherwise" in the previous paragraph. Why should we introduce the third term now? "Otherwise" would cover "domiciliary." There is no objection to that?

(*Dr. Leslie Mackenzie.*) May I ask what is the "education" in this paragraph?

(*Chairman.*) There is no object in taking it out.

(*Dr. Philip.*) Yes; well, I agree.

(*Chairman.*) The resolution is: "That in all cases of treatment, whether institutional or otherwise, the advantages of instruction, training, and education generally should be secured." Is it your pleasure that we agree to this?

AGREED.

(*The Secretary.*) Resolution 7:—"That for the purposes of diagnosis, selection and recommendation for treatment, there should be available in each area a centre (whether as an independent or as a part of an institution) which may serve the following purposes:—

- "(a) The function of a clearing house;
- "(b) Treatment of suitable cases;
- "(c) Domiciliary treatment or co-operation;
- "(d) Educational purposes;
- "(e) After-care;
- "(f) Keeping of records, &c."

(*Dr. McVail.*) Of course the word "classification" instead of "selection" agrees with what goes before.

(*Dr. Addison.*) I would rather suggest before we discuss the general point whether we should not put in "for persons" before the words "in each area," because in the passage as it stands it means we would have a centre in every area, whereas it may be convenient to have a centre which would deal with two adjoining areas. If we made it available "for persons in each area" that would get over that.

(*Dr. Leslie Mackenzie.*) There is some ambiguity in "as an independent institution or as a part of an institution." Does that simply mean that this centre might be run by itself as entirely detached, be an institution, so to speak?

(*Chairman.*) As I understand it, that means that we leave it open for the moment as to whether it should be a separate dispensary or whether it should be connected with a hospital, an out-patient department of a hospital.

(*Dr. Newsholme.*) I wish to propose the omission of the words in brackets.

(*Dr. Smith Whitaker.*) I do not think anybody contemplates for a moment that it should be independent of local authorities, but I do think there is some advantage in pointing out that such a centre might in some cases be a separate institution run, perhaps, by a local authority, but separate from any other institution devoted to this purpose solely, and that in other cases it might be part of the infirmary or part of any kind of existing institution. I think it would be well to have the words in brackets in order to show that we are contemplating both these possibilities.

(*Chairman.*) Does that meet your point, Dr. Newsholme?

(*Dr. Newsholme.*) No, that does not meet my point. I wish to explain that either the words in brackets ought to be omitted or ought to be expanded: "whether as an independent institution or as part of an institution, or as a special officer apart from the institution"; then I should be satisfied.

(*Dr. Niven.*) I should just like to raise the point here that the last three sections under Resolution 7 are at present fulfilled by quite a number of public health authorities, (d), (e) and (f) the educational purposes, the after-care, and the keeping of records, &c.; and the question that I wish to put is whether this resolution, if it were carried into effect, would not take the present work out of the hands of the public health authorities, and whether in effect the functions of (a), (b), and (c) are not in their nature somewhat different from the last three. I quite agree with the need for a clearing institution a sort of clearing house, a place where patients may be kept under observation before being distributed, but it seems to me that it should be distinctly recognised that the three purposes are at present served by the public health authorities.

(*Chairman.*) May I suggest that before we come to the purposes we should try and agree to the opening paragraph of this resolution. Then we will come to your point at once if we could agree to the general opening paragraph and then discuss the purposes of the centre.

(*Dr. Latham.*) I would like to second what Dr. Newsholme said, sir, with regard to deleting what is in the brackets because it seems to me that what we are discussing now is the provision of the centre. The character of the centre seems to me to be a matter of detail, and one that we can discuss subsequently.

(*Chairman.*) Dr. Newsholme has amplified it.

(*Dr. Newsholme.*) Either alternative meets my view. I am not really mindful which it should be. If the alternative amplification were decided upon then it would run somewhat as follows:—

"Whether as a separate institution or as a part of an institution or in the form of a special tuberculosis officer apart from an institution."

(*Dr. Latham.*) Well, sir, it seems to me that the question of the centre is likely to be one of the most important things in our deliberations, and therefore I should be glad that the Committee were left as free as possible to consider the character of these centres on a subsequent occasion, not to tie themselves up in any shape or form at the present moment.

(*Dr. Smith Whitaker.*) Is it understood that the provision of the centres is left open to a separate resolution?

(*Chairman.*) Well, we will come back and discuss the centre.

(*Dr. Newsholme.*) In that case may I suggest for the word "centre" the addition of the words "in form to be defined"?

(*Dr. Philip.*) Leave it as it is.

(*Dr. Bardswell.*) Leave it.

(*Chairman.*) The paragraph now reads "That for the purpose of diagnosis, classifications, and recommendation for treatment there should be available for persons in each area a centre which may serve the following purposes."

(*Dr. Leslie Mackenzie.*) The centre is going to mean an actual place with an actual building or a room if necessary. It includes what Dr. Addison has in mind, the suggestion of a tuberculosis officer. In a great many Scotch counties the centre would be the entire addition of an officer in a great many cases that would

be all that would be wanted. Could we not, instead of the word "centre," use some more general term?

(*Chairman.*) If you can find a more general term, "otherwise," I should say. On resolutions here we could raise any point and discuss it in detail. We may take it, at any rate, that we may raise any point on "centre" when we discuss it in detail.

(*Sir George Newman.*) It may be a centre instead of an office?

(*Dr. Niven.*) Provision for is all right?

(*Chairman.*) In a form to be defined later; is that your view?

(*Dr. Newsholme.*) In a form to be defined?

(*Chairman.*) Yes, to be considered.

(*Dr. Newsholme.*) In a form to be considered.

(*Chairman.*) Well, at present it reads as follows:—
"That for the purpose of diagnosis, classification, and recommendation for treatment there should be available for persons in each area a centre in a form to be considered which may serve the following purposes." Do you agree to that?

(*Dr. Niven.*) I think, perhaps, if it were simply put generally "which shall subserve the intention of a clearing house" that would do for the present resolution.

(*Dr. Smith Whitaker.*) Serve the following purposes and then discuss the following purposes?

(*Dr. Niven.*) Oh, I see, and then define the purposes?

(*Dr. Smith Whitaker.*) If you mean a clearing house, then I should object. If we take them *seriatim* I agree. If we begin at once to strike everybody else out I should object at once.

(*Chairman.*) I propose to put each point separately. We will just take the first one. The function of a "clearing house" if there is any point that any member of the Committee wishes to raise on that.

(*Dr. Newsholme.*) I think the meaning of the clearing house is understood. It is not open to misconception; it is generally understood.

(*Dr. Niven.*) I agree to that.

(*Dr. McVail.*) Under some circumstances I assume the medical officer of health might perform the function of a clearing house. I know in many cases in Scotland that would be the case.

(*Chairman.*) Well, then, the next point is (b), "treatment of suitable cases."

(*Dr. Paterson.*) It is to treat all cases is it not, certainly.

(*Dr. McVail.*) Are there any cases, unsuitable for treatment?

(*The Secretary.*) Yes.

(*Mr. Leslie Mackenzie.*) Suitable for treatment?

(*Sir George Newman.*) At the centre?

(*Dr. Philip.*) Immediate treatment of suitable cases?

(*Dr. Meredith Richards.*) Out-patients?

(*Dr. Addison.*) I think it is general.

(*Dr. Niven.*) Does this mean treatment of suitable cases at the centre, or treatment of the suitable cases in connection with the centre.

(*Dr. McVail.*) It does not say at the centre. It may or may not. I think we should leave out the word "suitable." I see no use for it at all.

(*Dr. Fraser.*) Can any cases be treated which are not selected cases—not selected by the Insurance committee for treatment. Perhaps Dr. Smith Whitaker can tell me. I understood Dr. Smith Whitaker to say just now that all cases shall receive the treatment. The treatment they would receive would be sanatorium treatment whether as an institution or at a sanatorium.

(*Dr. Smith Whitaker.*) It seems to me that we have to consider very carefully the new position that the Insurance Act will create. It may be perfectly true that various things are now being done by local authorities, but you have to face the fact that a very large proportion of the population are going to be paid for out of the sanatorium benefit fund for the expenditure of which the local Insurance Committee are locally responsible. The question of selection of cases for sanatorium benefit is really, chiefly, I take it, a financial question? It seems to be agreed that all forms of tuberculosis are to be treated by somebody and somehow, many by the various authorities that will be in existence. Every case is to be treated by

somebody and somehow, and the question that will arise under the Insurance Act will really be this: given an insured person or any person who is suffering from tuberculosis in any of its forms, is this an insured person or the dependent of an insured person? If he is that, then the question arises are the local insurance committees subject to the regulations of the Insurance Commissioners, prepared to expend the money out of the sanatorium benefit fund for the treatment of the person, or are they not. There appears to be a general agreement here that any person is to be treated.

(*Chairman.*) That is what I want to get settled.

(*Dr. Smith Whitaker.*) If there is that agreement, as appears by an earlier paragraph, the question is really a financial question between the various authorities concerned, and if this centre is to serve this person, somebody has got to decide that question on behalf of the Insurance Committee, and somebody has got to decide a similar question on behalf of all the other authorities. Somebody may have to decide it on behalf of the local sanitary authority, somebody may have to decide it on behalf of the local education authority, somebody may have to decide it as regards the local poor law authority. All these bodies within their respective spheres may undertake the treatment of this case and in some way or other provide a means by which the early treatment of this case shall not be obstructed. Well, then, the financial questions between the various bodies concerned are being adjusted, and how that is to be done, it seems to me, sir, is for us to consider now, but if I may say so, I am very anxious that this should not be cut down, because if you begin cutting this down you are pre-judging questions that I should have to object seeing pre-judged at the present moment. I could not say at all that the insurance committees and the Insurance Commissioners may not feel it to be their duty to provide as regards insured persons and their dependents for any or all the sub-heads of this paragraph. The fact that the local sanitary authority are already doing similar work may be a very good reason on the grounds of economy when you come to argue the matter for leaving them to do it for the insured; but it is no reason why we at this moment should prejudge the question by saying here and now that because this work is now being done by somebody else, therefore, the insurance committees are not to do it. I submit we should leave that question entirely open, and therefore leave this paragraph in the most general form possible.

(*Dr. Niven.*) My position is, sir, that these functions which are given under clause 7 are essentially divisible into two classes, viz., those which subserve the functions of the clearing-house, the treatment of suitable cases, and the determination of domiciliary treatment, or co-operation therein. That is the creation of a new department in reality, and one which is very much needed for distributing with regard to the treatment of cases of tuberculosis. But subsequent sections, the educational purposes, after-care, and the keeping of records, &c. are subjects which are at present in the hands of the public health authorities. It would, I think, be wise to take those functions out of the hands of the public authorities, and it would be a pity, I think, not to circulate these two or three classes of public health authorities. It of course determines nothing with regard to the Insurance Commissioners, taken separately. The insurance committees will, of course, do what is necessary in each separate locality, but to take the first three sections and to pass a certain resolution upon them, I think, would be procedure which would commend itself to everyone. It is with regard to the list of exceptions that my doubt exists.

(*Chairman.*) You agree, anyway, to (b)?

(*Dr. Niven.*) Yes, I agree to the first.

(*Chairman.*) We are on (b) "treatment of suitable cases": you agree to (b)?

(*Dr. Niven.*) Yes.

(*Chairman.*) Does anybody disagree to (b)?

(*Dr. Leslie Mackenzie.*) I cannot understand in my own mind what "centre" is going to mean in this connection. Is it going to be a centre for the local health department? In Scotland, for example, the authority responsible is the town council, or the public health committee. If you were going to say that this

centre, whatever it is to be, is to subserve these functions, these are at present all the functions of our Committee. What is intended to be added by saying they are at a suitable centre. As far as we are concerned, that centre is already in existence and operative. If we are to discuss the nature of the centre, we must determine the nature of the centre. If you approach these six points are you not forming a centre, because if you are to provide for domiciliary treatment or co-operation therein; for educational purposes, and so on, you are already settling what the centre is to be.

(*Dr. Addison.*) We are not prejudging the association of that centre with the local health authorities. We may desire to bring about an association between it and the local health authorities. We are not prejudging it at all, but what we are saying here is that it is desirable that each head should be an organised area, therefore it is very desirable we should be clear in our minds what we want done.

(*Chairman.*) Obviously we shall have to discuss later on the relation between the local insurance committees and the local sanitary authorities, and under what authority the centre shall be and on what points it shall be.

(*Dr. Leslie Mackenzie.*) I quite see that point, because if we assent to this resolution as it stands, it seems to me you are really substituting this new organisation for the existing organisation; you are not raising any question of adjustment. I am satisfied that, later on, in coming to detail, that under our Scotch Act we have precise legal foundation for adjusting, through the local authority, every one of these points. I want to be quite clear. I do not want to object, I want to understand what is intended by having a centre with these functions, as different from what our public health authorities are doing.

(*Chairman.*) It does not necessarily follow that it will be different from the existing authorities or existing centres, and the wording is, "should be available for persons in each area." It was specially altered that it shall be available in each area.

(*Dr. Smith Whitaker.*) What we want to do, if we want to avoid prejudging, is to go back on the paragraph and insert the words, "any or all of the following purposes," so that the resolution would read "which may serve any or all of the following purposes." Really, sir, we are up against this difficulty, to what extent are the new insurance committees and their officers going to duplicate the work of the existing health authorities. You all know the jealousy of the authorities. We can take it for granted that the new insurance committees will probably make some kind of use of their powers in regard to the insurance money handed over to the local authorities, and what, I take it, we want is by some means to avoid overlapping, and try and get harmonious working between the new insurance committees and the local authorities, and I submit, sir, that the best way to do that is to feel our way very carefully and not prejudge the matter. If we take them very carefully, you may get them to leave a great deal to the local authorities; but if they think that you are prejudging the matter, you are certain to fail.

(*The Secretary.*) But have the insurance committee this power, themselves, to undertake treatment? They have only power to recommend it.

(*An Hon. Member.*) Voluntary work.

(*Sir George Newman.*) Dr. Mackenzie's point is rather a different one. I should be rather surprised to find it has been fully met.

(*Chairman.*) The suggestion is that the wording should now be, "which may serve any or all of the following purposes." That would meet Dr. Niven's point.

(*Dr. Niven.*) I would not object to that, because, clearly that would meet my point.

(*Chairman.*) Does that meet your point, Dr. Mackenzie?

(*Dr. Leslie Mackenzie.*) I think so, sir. I think we understand this. I had no idea of saying anything against what Dr. Smith Whitaker said; I was thinking rather of the existing organisations.

(*Dr. Mearns Fraser.*) Would you add, "or any other purposes which may be deemed advisable"? There

may be some measure which may have escaped our notice at the present moment which we should like to put in afterwards. Would you put "any other purpose which may be deemed advisable" for further discussion? I would propose that. It only gives you a free hand, sir; that is all I mean.

(Chairman.) The wording, as I understand it now, is as follows:—

"That for the purposes of diagnosis, classification, and recommendation for treatment, there should be available for persons in each area a centre which may serve, in a form to be considered, any or all of the following purposes."

Does that satisfy the Committee?

AGREED.

(Chairman.) Then, returning to (b), do I understand that we agree to the wording of (b)?

AGREED.

(The Secretary.) "(c) domiciliary treatment or co-operation therein."

(Dr. Paterson.) The point I do not quite understand in this is, what is going to happen to the unsuitable cases?

(Chairman.) Well, this merely means, as I understand it, suitable for treatment at the centre.

(Dr. McVail.) There may be an institution a long way from the centre.

(Dr. Smith Whitaker.) If it be a centre, treatment at that centre, or if it be not a centre or an officer, treatment by that officer or by somebody acting under his direction.

(Dr. Niven.) I suggest that it should be a suitable treatment of cases.

(Dr. McVail.) Leave out the word "suitable" altogether. That leaves it indefinite who is to be treated, treatment of a case.

(Chairman.) No, that would merely mean that all cases would have to be treated at the centre.

(Dr. Latham.) Under (a), "the function of a clearing-house," you have the treatment of unsuitable cases, but you deal with unsuitable cases by drafting them to other institutions, and that there are a certain number of cases which can be properly dealt with at this proposed centre, and they are narrowed down to suitable cases. That is what the meaning is.

(Dr. Niven.) Surely that is not so from a sanatorium point of view.

(Chairman.) Gentlemen, is there any objection to (b) as it now stands, "treatment of suitable cases"?

AGREED.

(The Secretary.) The next is "(c) domiciliary treatment or co-operation therein."

(Chairman.) Do you agree to this, gentlemen?

AGREED.

(Dr. McVail.) Is not (c) covered by (b)?

(Chairman.) No.

(Dr. McVail.) Then, it does not mean at the centre. You cannot give domiciliary treatment at the centre. You were saying a minute ago that under (b), it was under the centre, and now it cannot possibly be at the centre.

(Chairman.) Surely, is it not that (b) is at the centre and (c) from the centre?

(Sir George Newman.) Add some words like "supervision" of domiciliary treatment from the centre. Would that meet you? That would make English of it, I mean, or Scotch.

(Dr. Newsholm.) My difficulty is of another character. There seems to be an under-lying assumption in this resolution that all the treatment of all cases of tuberculosis not in an institution would be done at or from a dispensary. I should be very sorry indeed to commit myself at this stage to the conclusion that that ought to be so. I suggest, therefore, under (c) we add, after the words "domiciliary treatment" of "suitable cases" again.

(Dr. Addison.) I think we must be, quite unintentionally, a little at cross purposes in this matter. We do not say here it should be for all cases. We should say that it is an institution which is capable of

doing this, that and the other, not necessarily for all tuberculosis patients. It seems to me that (a), (b), and (c) follow a logical order. If you clear the cases you clear a certain number, say, to a sanatorium or what not, and there are a certain number of cases outside that you can do something for; and there is a certain number of other cases which can only be dealt with at their homes. It seems to me it is quite a logical sequence; it does not bind you.

(*Chairman.*) May I also point out that we have not agreed, as Dr. Newsholme suggested, that it should be dispensary; we have merely agreed that it should be a centre.

(*Dr. Newsholme.*) I should not have pressed that point, except for the fact that nowhere in these series of resolutions is it contemplated that private practitioners shall treat any cases.

(*Chairman.*) "Co-operation therein" are the words we are on now.

(*Dr. Newsholme.*) Whatever institution and whatever treatment are provided, there will be a large number of cases of tuberculosis which will be under the treatment of such dispensary by the private practitioner, and that is nowhere contemplated in this series of resolutions, so far as I can see.

(*Chairman.*) Surely that point of the private practitioner is covered by this resolution, "domiciliary treatment or co-operation therein." Is there any way in which we could make that clearer?

(*Mr. Stafford.*) "Co-operation therein with the private practitioner."

(*Dr. Meredith Richards.*) "Suitable cases for domiciliary treatment."

(*Dr. Smith Whitaker.*) If we had an understanding that, after all, this is not going to be the form which is going to the public; this document is merely to help us in the first drafting of our report; it is merely among ourselves, there need be no difficulty. The point is, to prevent things being misunderstood by anybody outside this room.

(*Sir George Newman.*) To enable us to raise all the points.

(*Chairman.*) Well, then, gentlemen, do you agree that (c) should stand as it is?

AGREED.

(*The Secretary.*) "(d) Educational purposes."

AGREED.

(*The Secretary.*) "(e) After-care."

AGREED.

(*The Secretary.*) "(f) Keeping of records, &c."

(*Dr. Newsholme.*) With regard to keeping of records, I think that would depend very largely on the relationship to the public health authority, and I would suggest that that might be omitted at present.

(*Dr. Mearns Fraser.*) I should second that, sir.

(*Dr. Smith Whitaker.*) If you say that you are taking for granted the records of the insurance committee, it may be found, as a matter of convenience, that probably we shall arrange for that.

(*Dr. Niven.*) I should like to say I have assumed that this centre, which is to serve these purposes, may serve them by providing suitable institutions, by providing suitable domiciliary treatment, by providing a clearing-house, and not necessarily that centre is itself these things. The centre itself may not mean a clearing-house, it may not mean an institution, and the domiciliary treatment may not be done from a centre, simply that there is a centre for these purposes, not necessarily an institution at which people are received. That being understood, I see no objection.

(*Dr. Mearns Fraser.*) I should propose what Dr. Newsholme suggested, sir, that the keeping of records should be omitted, if possible, but I understand the resolution only says, it may serve these purposes, and, as this is a matter of detail, possibly it would be better to leave it to a later date. Many public health authorities have all the records that the Insurance Commissioners will wish to be kept. They keep them now, and it will only mean double work; still, if it is going to be a matter of detail, I think we may leave this to further consideration.

(*Dr. Newsholme.*) I wish to say I do not wish to prejudge the point.

(*Chairman.*) Well, we shall come back and discuss this in detail afterwards, if we may.

(*Dr. Leslie Mackenzie.*) The whole six points?

(*Chairman.*) We shall discuss them later in detail.

(*The Secretary.*) No. 8.

"That institutional treatment should include—

"(a) Sanatoria for early cases with or without provision for graded labour.

"(b) Institutions (including sanatoria, hospitals, shelters, &c.) for intermediate and for advanced cases of pulmonary tuberculosis.

"(c) Institutions for treatment, surgical or otherwise, or other forms of tuberculosis.

"(d) Institutions for children (including schools)."

(*Chairman.*) On (a) to (d), is there any point that anybody would like to raise?

(*Dr. Philip.*) I suppose this covers graded labour?

(*Chairman.*) We are coming to that.

(*Dr. Philip.*) Because, in relation to this, it seems unnecessary to put "with or without provision for graded labour," now the conception is so generally understood.

(*Dr. Paterson.*) I should like to see the word "early" taken out and "suitable cases" put in. I do not know what an early case is myself.

(*Dr. Mearns Fraser.*) I will second that, sir.

(*Chairman.*) It now reads "sanatoria for suitable cases with or without provision for graded labour."

(*Dr. Philip.*) I propose that the words "with or without provision for graded labour" be excluded. It cannot be sanatorium treatment if these objects exist.

(*Dr. Latham.*) I think it is best to put it in, sir, because if it is not in it may be taken for granted that it is not put in force, this graded labour in a great number of institutions, and it is better to put it on record that we do agree to "graded labour."

(*Dr. Addison.*) It think it is important also to bear in mind that it is desirable to provide for labour. As Dr. Philip says, it is a recognised thing now. If we leave it open, I think by expressly stating it we suggest that this kind of thing is desirable in connection with every sanatorium, without saying it is necessary. As Dr. Latham points out, I do not think the provision always exists for it.

(*Dr. Philip.*) It seems to me we are going unduly into details. The moment you begin to define what kind of treatment there is to be in a sanatorium you get into difficulty.

(*Chairman.*) Surely this does not compel us to exclude graded labour. It merely will enable us to raise the point; we can say either this or that.

(*Dr. Philip.*) If we say with or without this shape of treatment, with or without some other shape of treatment, we begin to enter into undue details.

(*Dr. Leslie Mackenzie.*) We are really raising the question there of the classification of sanatoria. Some might be with graded labour and some without it. You are really suggesting that in a sanatorium there should be graded labour.

(*Chairman.*) Well, it now reads, "sanatoria for suitable cases." Is it your pleasure to agree to that?

AGREED.

(*Dr. Meredith Richards.*) Are they necessarily four different institutions, (a), (b), (c), (d)?

(*Chairman.*) I think we can discuss that later as to whether it should be separate or combined.

(*Dr. Newsholme.*) On the other hand, sir, it might be advantageous if we could agree at this time that we should have the option of declaring at the present moment, and that might be secured by a resolution which runs as follows:—

"Institutional treatment shall include either in
"the same or separate institutions," or "either
"in the same or separate establishments."

I think that would be a step further forward at this early stage, which would be advantageous if it is agreed to.

(*Sir George Newman.*) It still leaves it quite open.

(*Dr. Smith Whitaker.*) It is shown clearly on the face of the document that we have left the question open.

(*Chairman.*) It is proposed that institutional treatment should include "either in the same or " separate establishments."

(*Dr. Addison.*) I think we should all agree to that in the same way that Dr. Philip objected to those other words that had to come out. I think just exactly the same objection would apply to Dr. Newsholme's words. He says "either in the same or separate institutions," that is to say, we thereby agree to a resolution that it might be all in one institution, which, I think, is a very debatable point, and I think, before committing ourselves, it would be necessary to go into that institution.

(*Dr. Newsholme.*) I only suggest having this form of treatment if there is common agreement. Then we should be a step further on, but if not —

(*Chairman.*) I gather there not common agreement.

(*The Secretary.*) (b) will need some alteration in view of the alteration in (a). (a) is now "sanatoria in suitable cases." As it was originally drafted there were three classes of cases: "early," "intermediate," and "advanced." Well, the "early" has been dropped out of (a), so some alteration will be needed in (b). (b) now reads:—

"Institutions (including sanatoria, hospitals, shelters, &c.) for intermediate and for advanced cases of pulmonary tuberculosis."

(*Dr. Paterson.*) I think (b) should surely read, "Institutions for cases not considered suitable for " sanatoria."

(*The Secretary.*) Yes.

(*Dr. Paterson.*) We divide them into "suitable" and "unsuitable."

(*The Secretary.*) It would read, "Institutions for " cases not suitable for sanatoria."

(*Dr. Niven.*) Surely, sir, that is to fix a mark of restriction in which later cases obtain, which would be very undesirable, and I think it would be very much better to leave the term "sanatorium" open to be applied to both kinds of institution, the one in which curable cases are received and the one in which cases are received as to which you can send for cure or not. I think the idea is rather, in the first place, to deal with incurable cases. The word "suitable" is a little doubtful there, I think.

(*Chairman.*) Might I suggest, I think we could meet that point that (b) should read "Institutions " (including sanatoria, hospitals, shelters, &c.) for " cases not covered by (a)"? Would not that meet your point?

(*Dr. Jane Walker.*) Yes.

(*Dr. Smith Whitaker.*) "A" and "B" are cases of pulmonary tuberculosis, then we come on "C" to other forms of tuberculosis, and then we come to "D," cases of children.

(*Dr. Leslie Mackenzie.*) May I point out, sir, that under the Scotch Public Health Act we are advised by the Law Officers of the Crown that a sanatorium is included under our Public Health Act. Like Dr. Niven, I cannot see any reason for specialising and making the term apply exclusively to curative institutions and the other apply where other cases are treated. Where possible it should be quite sufficient that a sanatorium should be open to include any class of case whatever. If you were going to define the functions of treatment that is a different proposition altogether. I do not think it is well to apply sanatorium treatment to early cases or suitable cases, and other treatment excluding sanatorium treatment to advanced cases.

(*Chairman.*) The wording is, "including sanatorial " institutions, including sanatorial hospitals, &c.;" it specially includes it.

(*Dr. Niven.*) "For cases not covered by (a)"?

(*Chairman.*) "For cases not covered by (a)"; that meets it, I think.

(*Dr. Mearns Fraser.*) May I suggest, sir, you include (1) and (2) together, and simply have "sanatoria for suitable cases"? That gets away from any definitions at all; "sanatoria for suitable cases"; only (1) and (2).

(*Chairman.*) Am I to understand that the word "sanatorium" includes a shelter, if we wipe out this?

(*Dr. Bradswell.*) Sanatorium treatment, certainly.

(*Dr. Mearns Fraser.*) Sanatorium treatment.

(*Dr. Addison.*) It would be advisable to have the sanatorial experts here; it would seem to be very dangerous if we are going to roll them all into one. We must find it desirable to split this up, sir, to say we contemplate provision for advanced cases and in various other forms in back gardens or whatever it may be, suitable shelters and so forth, and that is not quite in the same category as what we should provide for financially under the term "sanatorium." It seems to me very desirable, and does not commit us to anything to keep them separate.

(*The Secretary.*) Do you intend these shelters here to cover shelters in the back garden?

(*Dr. Addison.*) Certainly.

(*The Secretary.*) I am wondering whether we should call that "institutional treatment" if "sanatoria" is to include putting up a shelter for a person in his back garden. We should not usually speak about that as "institutional."

(*Dr. Jane Walker.*) To be lent by an institution; it would be an institutional treatment in that case.

(*The Secretary.*) Any sanatorial authority could do that now.

(*Dr. Jane Walker.*) That must be covered, must it not?

(*The Secretary.*) I quite agree it is a desirable thing, but I did not think it was what might be called "private institutional treatment."

(*Dr. Philip.*) It is rather what a centre would do.

(*The Secretary.*) It is rather what a centre would do.

(*Dr. Latham.*) I would suggest as an alternative that you leave out the word "sanatoria" altogether and put the first and second classes into line with (3) and (4), and have institutions for the treatment of pulmonary tuberculosis? (a) For those cases in which there is reasonable prospect of cure, and (b) other cases. That covers the ground on the lines that you cover the other classes.

(*Dr. Mearns Fraser.*) It does not deal with the shelters.

(*Dr. Latham.*) No, but that is a detail.

(*Dr. Addison.*) That does not quite cover the ground, because we have to make recommendations later on as regards the capital expenditure of 1,500,000*l.*, and I should certainly contemplate, myself, that some of that 1,500,000*l.* would go in providing shelters. I think Mr. Willis's point is quite good that a shelter is clearly what we would understand as an institution. There it may be desirable to have some other expression than that, but it is the provision which we will have to deal with later on when we advise as to the allotment of the capital expenditure; therefore I should like to specially include such things as shelters in this point.

(*Dr. Latham.*) Are your shelters to be dealt with by your centres or by your institutions? Surely they are to be dealt with by the centres and nothing whatever to do with the institutions.

(*Dr. Niven.*) It seems to me absolutely impracticable while there were so many.

(*Chairman.*) May I suggest "Institutions for all forms of pulmonary tuberculosis"?

(*Dr. Mearns Fraser.*) That is instead of (a) and (b)?

(*Chairman.*) That is instead of (a) and (b); would not that cover all points? The wording now is: (a) Institutions for all forms of pulmonary tuberculosis.

(*Dr. Jane Walker.*) (a) becomes (c)?

(*Chairman.*) (a) and (b) become one.

(*Dr. Jane Walker.*) What happens to (c).

(*Chairman.*) (c) becomes (b).

(*Dr. McVail.*) Institution treatment should include the treatment of all pulmonary tuberculosis, and then (c) provision for treatment, surgical or otherwise, and so on, and (d) provision for children. The word "institutional" to begin with covers all that.

(*The Secretary.*) Then it will read: "That institutional treatment shall include (a) provision for all forms of tuberculosis; (b) provision for treatment, institutional or otherwise, for tuberculosis."

(*Dr. Addison.*) It does not meet the point at all. Institutional treatment shall include provision for all forms of tuberculosis. A good many forms of pulmonary tuberculosis will not be provided for otherwise; they will be treated at home; therefore we

cannot say that the institution makes provision for all forms of pulmonary tuberculosis.

(*Dr. McVail.*) All forms; not all cases "Forms" and "cases" are different.

(*Dr. Newsholme.*) "Institutional treatment shall include (a) all forms of pulmonary tuberculosis; (b) all forms of cases requiring treatment, surgical or otherwise."

(*Sir George Newman.*) Including surgical.

(*Dr. Newsholme.*) That raises the difficulty that you are forming a conclusion before we discuss it in regard to similar treatment of children and adults. My own impression is that children ought to be separately treated from male adults, but I am not so certain that in all cases they should be separately treated from women adults.

(*Sir George Newman.*) Could not that be met by a separate institution; simply put "women and children," 8. Institutional treatment may also be considered for children suffering from various forms of tuberculosis?

(*Dr. Philip.*) Separated?

(*Sir George Newman.*) That would be a separate resolution; either separate or combined as we wanted it.

(*Dr. Philip.*) It does not commit us to separate treatment from adults?

(*Sir George Newman.*) It does not commit us either way.

(*The Secretary.*) 8 would be, as I understand it: "That institutional treatment should include provision for (a) all forms of pulmonary tuberculosis; (b) other forms of tuberculosis"; I am not quite sure whether you want to say surgical or medical. In practice they are separate. Lastly, that institutional treatment should include provision for children.

(*Dr. Smith Whitaker.*) That in institutional treatment provision should be made for men, but in some cases it may be made for children?

(*Sir George Newman.*) Keep it off at the moment, merely commit ourselves to the point that children suffering from tuberculosis must be considered in an institution?

(*Dr. Newsholme.*) All it means by that is, is it necessary to say so; is not pulmonary tuberculosis in children the same as in adults, and it is covered by the resolution we have just passed.

(*Dr. Philip.*) It is very desirable, it seems to me, to be precise in any statement of this sort, otherwise your local authority will ignore the matter.

(*Chairman.*) As the Secretary has said, this is not for the public?

(*Dr. Newsholme.*) I think this would meet Dr. Philip's point, going back to the resolution we have just passed, if we said "an institutional treatment of children and adults," would that possibly meet his case "children and adults"?

(*Sir George Newman.*) Personally, I should agree.

(*The Secretary.*) "That institutional treatment of children and adults should include provision for (a) all forms of pulmonary tuberculosis; (b) other forms of tuberculosis"?

(*Sir George Newman.*) I do not think it is quite as handy.

(*Dr. Leslie Mackenzie.*) Would it meet Dr. Newman's point to have a separate line that institutions shall include schools, because here you are speaking of treatment, and the general mode does not associate the treatment with a school, whereas it really is treatment, I should like personally to see it if this is a paragraph in our report.

(*Dr. Smith Whitaker.*) I am only on the point that when you have already provided clearly by (a) for all forms of tuberculosis whether in children or adults, then you only need a separate examination of children and you contemplate the possibility that children may require separate provision. If that is what you want to say, the easiest way is to say it in your resolution "that institutional treatment for children may be necessary." That is as far as you want to go. Now, we do not say it is necessary; you say it may be. I am only purely on the providing; any other form of words includes an obvious classification.

(*Chairman.*) What we want is to have resolutions that will enable us at a further stage to discuss every point.

(*Dr. McVail.*) One suggestion was that we should begin by saying that institutional treatment of children and adults should include provision for (a) cases of pulmonary tuberculosis; and (b) all other cases. I think that would bring in the reference to children and keep it before us.

(*Sir George Newman.*) I agree with Dr. Smith Whitaker.

(*The Secretary.*) "That institutional treatment for children and adults should include (a) provision for all forms of pulmonary tuberculosis; and (b) other forms of tuberculosis."

(*Chairman.*) Perhaps Mr. Willis would read the resolution out again so that we may see whether it covers all the ground?

(*The Secretary.*) "That institutional treatment for both adults and children shall include provision for (a) all forms of pulmonary tuberculosis; (b) other forms of tuberculosis."

(*Dr. Newsholme.*) I suggest we should admit the word "both."

(*Chairman.*) Then we agree to the wording of 8?

AGREED.

(*The Secretary.*) 9, "That some provision should be made for the establishment of *ad hoc* farm colonies or kindred institutions to meet the requirements of selected cases from a number of areas."

(*Dr. Latham.*) If this is passed, it is open to anyone to object later on to the formation of farm colonies?

(*Chairman.*) If there is any objection, we had better not pass it now, but raise it in detail later on I think.

(*Mr. Davies.*) I suggest that we should defer it for the present.

(*Chairman.*) Shall we resolve that we discuss this?

(*Dr. Latham.*) It seems to me, sir, that 9 is under what we have already passed with regard to 8, "all forms with regard to pulmonary tuberculosis." The first heading includes farm colonies if we choose to discuss it. Personally, I think farm colonies are so much in the experimental stage that we are not in a position to deal with them on this Committee.

(*Dr. Leslie Mackenzie.*) A new point in this resolution is with regard to selected cases from a number of areas. That introduces a new point, providing a large number of areas.

(*Chairman.*) Could we not agree to raise the point of farm colonies on 8 when we discuss 8 at a later stage?

AGREED.

(*The Secretary.*) 10, "That due consideration should be given to existing voluntary institutions when making provision for treatment in any area."

AGREED.

(*The Secretary.*) "And that adequate treatment for all forms of tuberculosis should be made available for each area."

(*Dr. Latham.*) What is meant by the word "area"?

(*Dr. Addison.*) I say, "persons in each area," again.

(*Dr. Latham.*) Well, I want a definition of the word "area." Do you mean a group of counties or one county?

(*Chairman.*) We can discuss that whether it should be a county or a county borough or groups.

(*Dr. Latham.*) I see, this gives you an opportunity of opening it?

(*Chairman.*) Yes.

(*The Secretary.*) It does not prejudge the question of areas.

(*Chairman.*) The resolution is that adequate treatment for all forms of tuberculosis should be made available for persons in each area?

AGREED.

(*The Secretary.*) 12, "That grants should generally only be given for objects which form part, or will form part, of satisfactory general schemes."

(*Dr. Smith Whitaker.*) By "grants" here I suppose you mean capital grants from the paper in the second column?

(*Chairman.*) Shall we add the word "capital"?

(*Dr. Smith Whitaker.*) I think it would be desirable.

(*Dr. Leslie Mackenzie.*) May I ask whether that refers to capital grants under section 64 of the Insurance Act?

(*The Secretary.*) Yes.

(*Dr. Leslie Mackenzie.*) It says here, "for the purpose of making grants to sanatoria." Does that mean exclusively capital grants? I understood, when the Chancellor of the Exchequer was asked to modify the original form of this clause, it was on the ground that existing institutions, although actually built, might have some claim on this ground having attached to it an adequate consideration, and I understood he introduced words permitting a grant-in-aid for sanatoria used for that purpose, that all these places built or recently built should not be excluded from financial help. I want to guard ourselves against the proposition that a grant-in-aid means exclusively a grant-in-aid for buildings as a capital grant, or where a place which has been built might not be refunded by giving a grant-in-aid for the kind of work which might be substituted for what they spent in building.

(*Chairman.*) I think the question of an existing institution would remain under a general scheme.

(*Dr. Leslie Mackenzie.*) If we are not prejudging the interpretation of this by saying a capital grant.

(*Chairman.*) Any general scheme would have to take into account existing institutions.

(*Dr. Leslie Mackenzie.*) The reason I raised the point is that we discussed this in Scotland, and the phrase "grant-in-aid" goes rather wide.

(*The Secretary.*) There is a legal definition of "grant."

(*Dr. Addison.*) If Dr. Mackenzie presses that point in regard to the word "capital," it perhaps ties our hands a little, because we have to recommend on the whole question of treating tuberculosis. There is the 1s. 3d. of the insured person under the Insurance Act, which we cannot lose sight of. I take it we are prepared to recommend a scheme, not only including grants for capital expenditure, but for maintenance, which would generally have to fit into an approved scheme.

(*Dr. Niven.*) I should suggest that the words be added, "capital grants as provided for in the Finance Act, 1911."

(*The Secretary.*) We are leaving it more general, it is suggested.

(*Dr. Niven.*) But there are two objects which have now been mentioned, the giving of grants say, for example, for the purpose of providing shelters which would be provided for out of the 1,000,000*l.* annual revenue, and then there are the general schemes which are being considered under this section, and if the words were added, "as provided by the Finance Act, 1911," that brings in the two things.

(*Dr. Newsholme.*) If we adopt the word "grant," it includes the 1s. 3d. income, as well as the capital grant. I think we should drop the word "grant."

(*Dr. Smith Whitaker.*) Was the grant referred to by section 64 of the Insurance Act, or the Finance Act?

(*Dr. Niven.*) My point is rather more, that definite provision had been made for the expenditure of 1,500,000*l.* for the purposes of institutions, and that what is contemplated here is the use of that money, not the use of the current revenue, as for the purpose of shelters, and that a reference to the Finance Act of 1911 defined the fact exactly.

(*Dr. Leslie Mackenzie.*) Grants may be made by Parliament.

(*Chairman.*) I gather the object is not to limit it, is it not? He asked a business point that he wanted to be able to raise the question of the annual income, as well as the capital grant.

(*Dr. Niven.*) It is desirable, in dealing with general schemes, that it should be limited and that it should not be included.

(*Sir George Newman.*) The main point of the resolution, I understand, to mean that financial aid would not be given unless there is a satisfactory scheme.

(*Chairman.*) Naturally, yes.

(*The Secretary.*) The object is to get a complete scheme, and anyone applying for a grant must see what it fits in with the scheme.

(*Dr. Smith Whitaker.*) Financial aid covers the money paid by an Insurance Committee out of their income in respect of the income of an insured person. You have got to give financial aid to your grocer, in a sense, but financial aid could not be understood in that sense; it is the manner in which this Commission carries on its business; the Insurance Committees are customers of these institutions.

(*Sir George Newman.*) Take out all reference to money whatsoever and simply say, parts of schemes shall only be considered satisfactory in so far as there is a satisfactory scheme as a whole, or words to that effect.

(*Chairman.*) Why not say that help generally should only be given?

(*Dr. Smith Whitaker.*) I do not think any words like "financial aid" meets the case.

(*Chairman.*) Financial provision.

(*Dr. Meredith Richards.*) Public assistance.

(*The Secretary.*) That grants under section 64 of the National Insurance Act should generally only be given for objects which form part of, or will form part of, satisfactory general schemes.

(*Dr. Mearns Fraser.*) May I ask, with reference to "part of a satisfactory general scheme," is that satisfactory to this Committee or to the Local Government Board or to the Insurance Commissioners, or to whom is it satisfactory; it must be satisfactory to some one.

(*Chairman.*) I think, under the Act, the Committee with the approval of the Treasury, and the advice of the Commissioners.

(*Dr. Philip.*) You ought to have a general proposition indicating that it is desired that the various institutions should be linked together so as to form part of a satisfactory general scheme.

(*Dr. Smith Whitaker.*) The last suggestion made by Dr. Philip seems to offer a way out.

(*Mr. Davies.*) I think that the principle that the Committee want to lay down is that, before financial aid of any kind is forthcoming to any scheme, that must be of a general kind, and I think that is a principle that this Committee certainly ought not to deprecate, because I see in the terms of reference we are asked to give advice so as to guide the Government and the local bodies. That would, therefore, cover the fact of a grant and a maintenance grant that comes from the central benefit. It seems to me that the Committee should confine itself to passing a general resolution affirming that no grant should be made unless there was an approved scheme.

(*Chairman.*) Perhaps Dr. Philip and Mr. Davies might see if they could draw up a resolution, or two resolutions, if necessary, to submit to the Committee later on, and meanwhile I think we might go down and have luncheon.

(*Chairman.*) I will ask Mr. Willis to read out the resolution which has been prepared during the luncheon time.

(*The Secretary.*) It has reference to the original resolution No. 12. This is now suggested: "That it is desirable that the institutions provided and the treatment arranged for should form part of a satisfactory general scheme, and that this principle shall govern (a) the administration of grants under section 64, and (b) financial provision towards the cost of treatment."

(*Chairman.*) Will you read out the first one again?

(*The Secretary.*) The first is of quite a general character, "That it is desirable that the institutions provided and the treatment arranged for should form part of a satisfactory general scheme." It was rather agreed this morning that that general principle was accepted, was it not?

(*Sir George Newman.*) Yes.

(*Dr. Niven.*) Does that mean the treatment provided in the institutions?

(*Sir George Newman.*) Not only in institutions, I suppose, but generally whether it is through a dispensary or through an institution, or the whole sort of public treatment of tuberculosis should be one organised whole. That is practically what it comes to.

(*Dr. Niven.*) That is practically what it comes to; but what I mean is, whether it is desirable to keep separate the provision of institutions and the treatment in those institutions from the treatment otherwise, which, of course, will be largely determined by the Insurance Committee is a question.

(*Dr. Smith Whitaker.*) Should not you really say, sir, "That it is desirable that the provision of any treatment"? then you make the thing definite—"That the provision of any treatment provided or any institution should be conditional upon forming part of a satisfactory general scheme." Let us take the thing in the concrete. Of course, you have an institution that has to be approved by the Local Government Board in each case. Supposing we confined ourselves now to the Insurance Act, the same principles would apply to anything else. It does not matter in what form treatment is given. It is subject to the approval of the Local Government Board. If it is given in an institution, the institution must be approved by the Local Government Board. If it is given otherwise than in an institution by any person or any authority, the manner in which that treatment is given must be approved by the Local Government Board. Then as regards the Insurance Commissioners and the Insurance Committees, they are responsible for the arrangements with those who give the treatment or those who have the institution. They again must approve or otherwise of the arrangements that are made; so that I would suggest that the word you want is "approval." That is the significant act: "That it is desirable that the approval of any form of treatment provided or of any institution should be conditional upon that forming part of a satisfactory general scheme." It would apply even to the general practitioner. Supposing you were considering the question whether a general practitioner should be allowed to treat a case of phthisis in the patient's own home and should be paid for that out of the sanatorium benefit, then both the Local Government Board in sanctioning treatment given in that way, and the Insurance Commission and Committees in sanctioning arrangements being made in that way would say: "We are not going to approve of phthisical patients being treated by general practitioners, unless we are fully satisfied that that form of treatment in that town is not being considered alone, but is forming part of a satisfactory general scheme"; and I think it is "approval" you really want to get in.

(*Dr. Niven.*) I have no objection to it.

(*Mr. Stafford.*) Will you read it again?

(*The Secretary.*) It is now suggested by Dr. Smith Whitaker that it should read in this way: "That it is desirable that the approval of any form of treatment provided should form part of a satisfactory general scheme."

(*Dr. Smith Whitaker.*) "Should be conditional on its forming part," perhaps I may put in the words.

(*The Secretary.*) This is the suggestion now: "That it is desirable that the provision of any institution provided and of treatment arranged for should be conditional upon their forming part of a satisfactory general scheme." It does not read quite nicely.

(*Dr. Newsholme.*) It only assumes that institutional treatment is not treatment.

(*Dr. Smith Whitaker.*) Yes—"or any other institution or treatment."

(*The Secretary.*) The general object of this resolution No. 12 was, I think, merely to say that as far as possible one should try and get well-organised schemes in each county or in each area, or whatever you take as the unit, and that in designing the scheme you must try and look at it in the whole, or get the people designing it to look at it in the whole. Therefore in a general sort of way the Government should only give grants for schemes which have been prepared in the whole, and for particular objects which will form part of satisfactory schemes. This is another form: "That it is desirable that the provision of any form of treatment, institution, or either, should be conditional on its forming part of a satisfactory general scheme." Of course, that raises another question. Provision of treatment is rather different to giving a grant, and it did seem to me possible that the Local Government Board might be asked to approve of treatment in a particular institution that did not form part of a general county scheme for instance.

(*Dr. Addison.*) Does that not come within the second part of the resolution proposed?

(*The Secretary.*) "That this principle should govern the administration of grants under section 64, and financial provision towards the cost of treatment."

(*Chairman.*) That surely disposes of the possibility of local option as regards different forms of treatment, does it not?

(*Dr. Smith Whitaker.*) No. I take it it only means you would not approve any one form in a district without having regard to all forms of treatment given in that district. You want a satisfactory general scheme for the whole district. You are going to take the district as a whole and see that you have a comprehensive scheme. You are not going to approve of treatment by general practitioners, but to see that you have a complete equipment; not necessarily in that way, but that it does form part of a complete equipment.

(*Sir George Newman.*) That is not quite the point Mr. Willis is raising, as to whether it is going to be complete.

(*The Secretary.*) Suppose some institution applied for approval, the Local Government Board could not very well refuse approval if it was being satisfactorily carried on.

(*Sir George Newman.*) Even though they had no general scheme?

(*The Secretary.*) I mean the proprietors of this private institution might say: "We are not part of the general scheme, we are a going institution, and we claim we are satisfactorily carried on and ask for approval in order that we may make arrangements with any Insurance Committees."

(*Dr. Addison.*) As a sequel to that approval, you will consider the approval was given as a part of the provision which was necessary in that way, as part of your general scheme. So I think it will come to the same thing in the end.

(*Sir George Newman.*) It is rather the scheme: you should not approve of something even though it be a part until you have considered the needs of the whole area, so that that part shall not be unduly extravagant.

(*Dr. Addison.*) Yes; I feel you must not lay down very definite lines for this reason: that some provided institutions may not be for any particular area. They may have patients from others.

(*Dr. Newsholme.*) I think we want a special resolution dealing with provided institutions. In the memorandum I read at the beginning of the meeting this morning, which I would like to read again, I said this: "It will be necessary to consider in certain instances the claims of private persons and committees to receive grants for sanatoria. It may be advisable to recommend that in connection with all such applications the Local Government Board should have the advantage of the observations of the county council or county borough council of any areas from whom the patients are received." That would form part, or give some safeguard for forming part, of a general scheme. So that Mr. Willis's point might be met by an independent resolution with which I think we should all agree. We do not want isolated arrangements approved apart from their context.

(*The Secretary.*) Not generally speaking.

(*Dr. Newsholme.*) Not generally speaking.

(*Dr. Smith Whitaker.*) With all respect, I do not think the wording which you have there is really so restrictive as appears to be suggested. It seems to me that the words "satisfactory general scheme," must depend so much on the discretion of those who have to interpret them that they would cover any such point as raised by Mr. Willis.

(*The Secretary.*) If it does, I am satisfied.

(*Dr. Addison.*) Mr. Willis's point comes within the scope of the resolution, "that it is desirable that any institutions provided," and we should not provide these institutions; they already exist.

(*Dr. Newsholme.*) No; for instance, Frimley might apply for a grant for two additional pavilions.

(*Dr. Addison.*) Then, of course, you will consider those two additional pavilions as a part of the general scheme, but you do not consider Frimley as it now exists.

(*Chairman.*) Surely we take these resolutions to be in their widest possible sense each one of them, and

these are points which we can discuss when we go through them in detail. Why do not we agree to that?

(*Dr. Leslie Mackenzie.*) Would not the term "institutions" be interpreted in the resolution already passed. We say, as suggested: "that the approval of any institution or other form of treatment arranged for"—which are the words used by the Insurance Act—"shall be part of a satisfactory general scheme."

(*Mr. Davies.*) May I ask whether it is intended to confine this resolution to the treatment, and not include education as well in any general scheme? It does not, bar education, does it?

(*Chairman.*) Yes; 14 deals with education.

(*Dr. Latham.*) It is a question of grant for educational purposes. After care and so on is confined necessarily to treatment.

(*Dr. Paterson.*) There is no mention of money in 14.

(*Dr. McVail.*) Would this meet the difficulty: "That no proposal for any system of treatment, institutional or otherwise, shall be approved, unless it forms a suitable part of a satisfactory general scheme for the area in question."

(*Chairman.*) That does not meet Mr. Davies's point of education.

(*Dr. McVail.*) No, but I understand you come to that under another head.

(*Chairman.*) His point is that there is no provision for money as regards education. Is not that your point?

(*Mr. Davies.*) Yes, and it should form part of a general scheme for each area.

(*Chairman.*) Surely then the best thing will be to postpone this resolution, as we have done two previous ones, and we may perhaps find more suitable words before to-morrow.

(*Dr. Niven.*) Of course, my original suggestion was with the object of separating the disposal of money available under the 1,500,000*l.* from the current expenditure. It seems to me, if you mix them up in one resolution, you are liable to land yourselves in difficulties. That is the object of my first question as to whether you would insert the word "institutions." Of course, the first 15,000*l.* deals only with institutions and other current expenditure deals with other objects. If the resolution were restricted to the disposal of the 1,500,000*l.*, it would very much simplify the passing at this stage of a separate resolution which could be passed in respect of the current expenditure.

(*Dr. Addison.*) I think myself our original No. 12 is really better than these various alternatives. If we perhaps supplement it by adding the words "that grants and other financial provision"—that would cover maintenance, the provision of treatment, and so on—"should generally only be given for objects which form part, or would form part, of a satisfactory general scheme."

(*Chairman.*) Does that meet with your approval?

(*Dr. Smith Whitaker.*) If we said "may."

(*Dr. Addison.*) Yes, certainly.

(*Chairman.*) "Grants or."

(*Dr. Smith Whitaker.*) "Other financial provisions."

(*Chairman.*) "May generally."

(*The Secretary.*) Then it is now suggested that this general resolution shall run: "That grants or other financial provisions shall generally only be made for objects which may form part, or will form part, of satisfactory general schemes."

(*Chairman.*) Does that meet with the wishes of the Committee?

AGREED.

(*The Secretary.*) Then 13, is that arrangements must be made for after care and supervision in all cases.

AGREED.

(*The Secretary.*) Then, 14 is: "That a comprehensive scheme of education of the public, both adults and children, should be undertaken with the view of obtaining full advantage from preventive measures of all kinds, with the object of enlightening the people in all matters pertaining to healthy living, to reducing danger of infection, and to increasing their powers of resistance to tubercular infection."

(*Dr. Niven.*) That is quite right, but the wording of 13 should be in the small manner, "should" instead of "must."

(*Chairman.*) Are there any points on 14?

(*Dr. Jane Walker.*) I should like to suggest that we put the last clause in front of the last but one, being the exemption: first "increasing their powers of resistance," and then "reducing the danger of infection" last.

(*The Secretary.*) There is no objection.

(*Dr. Paterson.*) Could not we make it "tuberculosis infection"?

(*Dr. Jane Walker.*) It is "tubercular."

(*Chairman.*) Then the resolution now reads: "That a comprehensive scheme of education of the public, both adults and children, should be undertaken with the view of obtaining full advantage from preventive measures of all kinds with the object of enlightening the people in all matters pertaining to healthy living, to increasing their power of resistance to tubercular infection, and to reducing danger of infection."

(*Dr. Leslie Mackenzie.*) I am inclined to think "reducing danger of infection" comes logically in front of the other. You are dealing with infection as a condition of healthy living.

(*Chairman.*) It does not very much matter.

AGREED.

(*The Secretary.*) Then, 15 is: "That alongside any arrangements made for the specific treatment of tuberculosis, increased effort should be made for the improvement and application of all sanatoria measures having as their aim the reduction of tubercular infection and the improvement of sanitation such as improvement in the milk supply, better houses, improved ventilation of factories and schools."

(*Dr. Philip.*) The word "specific" seems to me to be a little awkward in the first line. It raises, does it not, a query on tubercular treatment. I should get rid of the word "specific" if you can.

(*Dr. Newsholme.*) "Direct."

(*Dr. Addison.*) Or omit it altogether.

(*Dr. Philip.*) Yes.

(*Dr. Mearns Fraser.*) Will the Insurance Commissioners have power to vote money for important general measures such as milk supply; can the sanatorium benefit money be devoted to that?

(*Chairman.*) This resolution bears a reference that was given to it; namely, advice to the Government on the prevention of tuberculosis. It is really connected, I imagine, with future legislation.

(*Dr. McVail.*) Would it be going too much into detail that a suggestion should be made to call attention to the importance of section 15 of the Housing and Town Planning Act as a direct means towards the accomplishment of the end here in view? I do not know whether any reference to that could be incorporated.

(*The Secretary.*) That is the closing power.

(*Dr. McVail.*) No, it is not the closing power.

(*Chairman.*) We can probably discuss that on this provision; in fact, I think it will be a good thing to make a note of it and raise it when we discuss it in detail.

(*Dr. McVail.*) Yes.

(*Dr. Addison.*) The question first mentioned by the Chairman, I think, has hardly been covered by what has been said hitherto. That is, does this provision make any recommendation with respect to any additional legislation which may be required in any of the matters here mentioned?

(*Dr. Newsholme.*) I do not think the Committee, unless they are prepared to sit for some months, will be in a position to make any recommendations as to legislation.

(*Chairman.*) Yes, we are. That is one of our objects.

(*Dr. Newsholme.*) I doubt whether it is applicable. I may not have the same subjects in my mind as you have, sir, but to suggest recommendations for legislation involves detailed consideration unless the same subjects have been considered before. We may not be thinking of the same subjects possibly.

(*Dr. Addison.*) Of course, we may not recommend the details of the legislation, but only say that legisla-

tion is desirable on this subject, for instance, the stamping out of bovine tuberculosis.

(*Dr. Niven.*) It scarcely comes within the scope of this reference.

(*Mr. Leslie Mackenzie.*) Am I to understand, Mr. Chairman, that the "improvement and application of" "all sanitary measures" here includes both administrative measures and legislative measures?

(*Chairman.*) Perhaps the point could be met in this way: "that alongside any arrangements made for" "the treatment of tuberculosis, increased effort should" "be made in further legislation for the improvement," &c. That would cover the point, would it not, and enable us to discuss the advisability of further legislation?

(*Mr. Stafford.*) I hope we shall not be brought into a general discussion on the subject of future sanitary reforms. I think if we once start discussing what the local government boards of the future are to do and what the sanitary authorities of the future are to do, either with regard to milk supplies or bovine tuberculosis or 50 other things, we shall find ourselves sitting here for a great many months. I think a general statement such as that contained here is quite proper and quite right. It is within the terms of our reference. But if we go beyond that, I think we shall be going into the duties of the various local government boards and the sanitary authorities all over England, Ireland, Scotland and Wales. I do not think we are appointed to do any such thing as that, and I for one would enter my protest against our commencing to do a thing which we could never perform satisfactorily, and which we were never appointed even to consider. We are here to consider, I take it, general principles, and the moment we get into details we open out a big field for controversy and for disagreement. I would suggest, therefore, that we deal with these questions on the very broadest possible lines such as they are dealt with on in section 15, which is before us. Anything beyond that will land us in something which we never contemplated.

(*Chairman.*) We are assuredly invited to give some advice on further legislation, I do not say necessarily to discuss the details here.

(*Mr. Stafford.*) Where is the reference to future legislation?

(*Dr. Addison, M.P.*) "Of making or aiding in the" "provision of the general policy in respect of the" "problem of tuberculosis."

(*Chairman.*) Yes.

(*Mr. Stafford.*) Does that include legislation?

(*Chairman.*) Assuredly.

(*Mr. Stafford.*) It is so wide it might almost include everything.

(*Dr. Newsholme.*) General policy is obviously the general principles, and it is only general policy or general principles in so far as those general principles will guide this Committee in advising the Government as to the provision for the treatment of tuberculosis. It is limited most definitely.

(*Chairman.*) I assure you it is not. The intention of the Chancellor was to have it as broad as possible, and to deal with the whole problem.

(*Sir George Newman.*) I presume that means, does it not, that we are to consider the whole problem? But I am not quite sure, if I followed Mr. Stafford's argument, that we are here to consider sanitary legislation, either that which is past or that which is to come, in detail. It does seem to me that would be a business which would occupy perhaps years of the Committee's life; but to introduce a phrase into this resolution such as has been suggested "increased effort," and to say, in brackets, "including further legislation such further legislation as may be necessary," or some phrase like that, does not seem to me to be committing this Committee to entering into minute details with regard to the milk supply, housing reform and such like matters. Clearly they are not inside the reference. But surely a question of general policy as suggested in the reference does mean that if this Committee feels called upon to advise the Government that legislation is required in such and such directions to effectually deal with tuberculosis, that would be within the meaning of our reference. If Mr. Stafford was asking us to refuse to deal with the details of

legislation as to milk supply, housing reform, and so on, personally I am with him. But if he is saying that though not going into such details, we shall not even advise the Government as we have referred to do by our chief reference, then I am afraid I am not with him. I think it is our business if any subject arises where we think fresh legislation is required, to say quite definitely that here and here fresh legislation is required, and possibly even adumbrating the direction in which we think it is required. But to enter into the details of how it is required, or to draft Bills, or to go into all the details that are necessary, I entirely agree will be outside the terms of the reference. At present I respond entirely to your ruling, sir, and I think the reference is broad enough to allow the inclusion of a general proposition such as you set out in 15, "increased effort including fresh legislation if required," or some such terms as those, are surely inside our reference.

(*Mr. Stafford.*) But surely we are appointed under this National Insurance Act of 1911, and sections 16 and 64 of that Act do not contemplate our dealing with anything except the treatment of tuberculosis.

(*Chairman.*) The Act deals with the prevention of disease.

(*Mr. Stafford.*) Is there anything at all about present legislation or future legislation?

(*Sir George Newman.*) Personally I should be led into great confusion if I thought this Committee was appointed under section 16 or section 64 or any other section of the Insurance Act—(hear, hear). I thought it had a perfectly explicit term of reference which we all have in front of us, and that and not any Act of Parliament is our reference.

(*Dr. Niven.*) It is with special view as to the measures to be taken, is it not?

(*Sir George Newman.*) That is the occasion.

(*Dr. Niven.*) In connection with the Insurance Act?

(*Sir George Newman.*) The Insurance Act is the occasion.

(*Dr. Niven.*) Surely we have not so wide a commission as to take up the whole subject of tuberculosis for general purposes, apart altogether from any specific object.

(*Dr. Smith Whitaker.*) Let me suggest that the question is one of those to which the easiest answer is solvitur ambulando. Would it not be time to consider whether we are going to decide the terms of our reference when we come to a definite proposal which we all think, or the majority of us think, we ought not to go into? On this point I do not understand that Mr. Stafford says we ought not to put these words in; because surely if you take this reference, the Chancellor of the Exchequer has appointed a Committee "to report at an early date upon the considerations of general policy in respect of the problem of tuberculosis in the United Kingdom in its preventive, curative, and other aspects, which should guide the Government and local bodies in making or aiding provision for the treatment of tuberculosis in sanatoria or other institutions or otherwise." I quite agree we are not appointed to deal with the question of sanatoria administration. That is not our primary reference; but it seems to me also that for a Committee appointed to consider the problem of tuberculosis in its preventive, curative and other aspects for the guidance of the Government in making due provision in the treatment of tuberculosis, surely means that when you are considering, for instance, treatment you cannot ignore the purposes of the Act. When you are considering one part of prevention you cannot ignore another part. One of the practical objects of this Committee I should imagine is, to avoid that kind of overlapping between one set of authorities and another which has been so much criticised in the past in this country; and if you are to avoid that kind of overlapping you must not only consider the most important definite problem that arises as regards the treatment of tuberculosis in sanatoria or other institutions, but you must consider how the provision that is going to be made for that specific thing is going to fit in with the arrangements existing in the country. How are you going to avoid multiplying institutions? how are you going to avoid multiplying administrative authorities unnecessarily? and how can you do that unless you take some

cognisance of the nature of those authorities? Then, again, if the consideration of the problem of treatment leads you to the conclusion that if certain preventive measures were adopted you would reduce the expenditure upon treatment, are you debarred from making any kind of suggestion to the effect that you think certain kinds of expenditure might be avoided if certain other things were done. I suggest that although it may be perfectly true, it is not our business to advise the Local Government Board as to sanatoria administration; yet, on the other hand, we, in considering the problems sent to us, cannot ignore and cannot refuse to take cognisance of any of the existing arrangements for dealing with tuberculosis, whether preventive, curative or whatever they may be, and if that be so, I cannot see how we can narrow the reference in the way suggested.

(*Mr. Stafford.*) My only contention is that we should not attempt to do it in detail; that we should do it as we have done it in section 15. I am quite satisfied with the thing as it stands on that put broadly; but if we are going into detail and going to consider all the sanatoria details which are necessary in order to prevent tuberculosis, then I protest.

(*Dr. Smith Whitaker.*) My suggestion is that we wait.

(*Mr. Stafford.*) The suggestion is, you are not going to consider in detail all these points.

(*Dr. Addison.*) Certainly; and I think in order to clear the issues, it would be desirable that we should have some such expression in this resolution as has already been quoted. We know a Bill has been before Parliament in various forms for a considerable time dealing with the question of milk. It seems to me when we come to bovine tuberculosis, deaths from tuberculosis in infants, we shall be bound to take cognisance of the fact that that Bill is not an Act, and it will be quite within our limits to say it is very desirable that this should be made an Act as soon as possible, without committing ourselves in any way whatever to the details of the Act. There are two or three other things which one can easily understand of a similar character; therefore, I do not say it would be desirable to exclude legislation, but I would suggest we might put after the word "arrangements" in the first line—"that alongside any arrangements, including the provision of any additional legislation that may prove to be desirable for the treatment of tuberculosis," &c.

(*Dr. Newsholme.*) Might I point out to you, sir, in regard to the previous paragraphs, that when considerable difference of opinion has occurred, you have either left out those paragraphs or have left out the points of detail. In this case it is not a question of limiting the reference at all; it is a question of principle to extend the reference which Mr. Stafford is objecting to, and I entirely agree with Dr. Smith Whitaker that we might leave out the proposed extension by Dr. Addison and leave the matter to be solved as we go along. If any point arises, then we shall have to consider it.

(*Dr. Smith Whitaker.*) That will mean we are not prejudiced in our future action by altering this paragraph now.

(*Mr. Stafford.*) Otherwise we stop at the improvement of sanitation now.

(*Dr. Newsholme.*) I do not object to that.

(*Mr. Stafford.*) No; I do not, except that it is commencing to go into detail.

(*Dr. Newsholme.*) It is a question of detail, really.

(*Chairman.*) Do I understand that your objection to Dr. Addison's words is because it makes the reference too wide?

(*Mr. Stafford.*) My objection is to going into detail.

(*Chairman.*) Yes, but it is merely a matter of making it possible to discuss and advise on future legislation. Is your objection because it makes the reference in your opinion too wide?

(*Mr. Stafford.*) Yes. I think it makes it much too wide for this Committee.

(*Dr. McVail.*) For example, there was a Tuberculosis Bill before Parliament which was withdrawn. A Bill was introduced in Scotland by Lord Pentland, which was an excellent Bill, with regard to the milk supply. Surely it will be for the Committee to pro-

nounce its opinion in favour of that or a Bill on these lines, and to suggest that these measures already introduced would be useful if passed into law towards the purpose of the prevention of tuberculosis.

(*Dr. Addison.*) I should like to say I think it would be a great pity if we lost such a great opportunity. They are only too ready to shut up these Bills on any pretext, and if any authoritative committee said, "We regard it as of great national importance that legislation of this kind could be placed on the Statute Book as soon as possible," it would help those who are the friends of this kind of legislation in the House of Commons enormously, and we ought not to miss this opportunity.

(*Dr. Jane Walker.*) Might we have the resolution containing Dr. Addison's phrase put to the meeting? It is clause 15, plus Dr. Addison's clause.

(*Dr. Niven.*) This meeting cannot be prepared, especially straight away, to decide that any measure of that kind, such as Lord Pentland's Bill, is applicable to England. All that demands a good deal of inquiry as to what is the best course to pursue as regards the milk supply in England. I do think we ought to restrict ourselves to general resolutions upon such a question as that, and not to go into particular details.

(*Dr. McVail.*) But the English Board themselves had an English Bill, I fancy, pretty well parallel to the Bill in Scotland.

(*Mr. Stafford.*) The Irish Board have had about half a dozen Bills, and am I to bring them all up and get an expression of opinion on them?

(*Chairman.*) No; it is the general line of legislation, not particular Bills.

(*Mr. Stafford.*) But if you once start on these questions of Lord Pentland's Bill and somebody else's Bill, you will have to examine them. You cannot say you approve of Lord Pentland's Bill until you have read it.

(*Dr. Addison.*) But we want to say generally.

(*Mr. Stafford.*) We do, and I accept that.

(*The Secretary.*) As far as I can make out, there is no difference between Mr. Stafford and this Committee really. I think Mr. Stafford was afraid that this Committee might go into a very full examination, and proceed to very detailed recommendations with regard to a great number of questions. You could, of course, go on for the next 15 years on some of these questions if you wanted to thrash them out thoroughly, but the Chairman, I understand, only wants the Committee to be perfectly free to make some recommendations as to legislation if they crop up in the natural and ordinary course of the inquiry without any special investigations into them, and I must say I rather think we might wait until the question actually comes along.

(*Chairman.*) I think it would be a very pity at this stage if we were to restrict ourselves. That is the only reason why we continued the discussion on this instead of dropping it at the present moment. Of course, we do not want to advocate special Bills, such as Lord Pentland's Bill, which probably deals with the question of milk. We merely recommend that legislation with milk is advisable.

(*Mr. Stafford.*) I am entirely with you there, sir.

(*The Secretary.*) It is now suggested that this resolution shall run: "That alongside any arrangement made for the treatment of tuberculosis, increased effort, including the provision of any additional legislation that may prove to be desirable, should be made for the improvement and application of all sanitary measures, having as their aim the reduction of tubercular infection and the improvement of sanitation, such as the improvement in milk supply, better housing, improved ventilation," &c.

(*Chairman.*) Are there any other points on this resolution?

AGREED.

(*Chairman.*) Then, 16 is: "That steps should be taken, by the exercise of the powers of the Insurance Commissioners in respect to research or otherwise to increase our present knowledge of tuberculosis in all its aspects and connections, its sources, treatment, and prevention."

(*Dr. Smith Whitaker.*) Of course, "or otherwise" there does not mean otherwise by the Insurance Com-

missioners; it means in other ways beyond the exercise of the powers by the Insurance Commissioners.

(*Chairman.*) Yes. Would it not be better to put in "or any other way"?

(*Dr. Niven.*) I should like to put in the word "detection" there. It is "sources, detection, treatment, and prevention," because, undoubtedly, the important thing for us to consider is the early diagnosis of the disease. That is by far the most important problem we have to face.

(*Chairman.*) What other words would you suggest, Dr. Smith Whitaker?

(*Dr. McVail.*) Would you shift the two words "or otherwise" so that they would come in after the word "Commission"—"by the exercise of the power of the Insurance Commission or otherwise, and in respect to research to increase our present knowledge of tuberculosis," &c.

(*Dr. Smith Whitaker.*) Could that passage in brackets from "by the exercise" down to "otherwise" be put at the end, or different words thought of? I do not object to the reference to the powers of the Insurance Commission. The only point is, I think it is a little ambiguously worded, and I think we might find a better form of words.

(*Chairman.*) It has been suggested that the words "by the exercise of the powers of the Insurance Commission in respect to research or otherwise" be cut out.

(*Dr. Smith Whitaker.*) Only temporarily, so that we can find another phrase. Possibly we might find another phrase now.

(*Dr. Niven.*) Is not the object of this resolution to utilise the funds at the disposal of the Insurance Commission?

(*Dr. Newsholme.*) Yes.

(*Dr. Niven.*) Then if you cut out these words, the resolution becomes of no moment at all.

(*Dr. Smith Whitaker.*) I am not proposing that they should be cut out. I am only proposing that we should find another form of words. I do not think they cover enough ground. Various Government Departments have powers with regard to research, and I want to make it quite clear that we are not thinking only of the Insurance Commission, but we are contemplating various other agents for research, and they must be co-ordinated when the time comes. I propose these words: "that steps should be taken by the Insurance Commission or otherwise to promote research with the view of increasing our present knowledge of tuberculosis," &c.

(*Dr. Leslie Mackenzie.*) Is it advisable to limit the public bodies simply to the Insurance Commission? The Local Government Board for England has a certain amount of money for research purposes.

(*Chairman.*) Is not that covered by your words?

(*Dr. Smith Whitaker.*) Yes, "or otherwise."

(*Dr. Leslie Mackenzie.*) Yes, but is it not advisable to mention it?

(*Dr. Newsholme.*) I think that will suffice.

(*Dr. Addison.*) Besides, they have money specifically allotted.

(*Dr. Smith Whitaker.*) "That steps should be taken by the exercise of the powers of the Insurance Commission or otherwise to promote research with the view of increasing"—then at the end of the words I understood the word "detection" was to be inserted after "sources."

(*The Secretary.*) "Sources, treatment, prevention, and detection."

(*Dr. Smith Whitaker.*) It is "sources, treatment, prevention, and detection."

(*Dr. Addison.*) Sir George Newman suggests whether we are not limiting the research here. You say, "tuberculosis in all its aspects and connections," but of course the powers of the Insurance Commission are not limited in any way. This money may be applied for the purposes of research. Of course we understand it is tuberculosis.

(*Dr. Smith Whitaker.*) This phrase does not limit it. We only say that this general power they have in respect of research should apply to this; possibly *inter alia*, but certainly to this.

(*Dr. Addison.*) That is true.

(*The Secretary.*) Then the last resolution reads in this way: "That steps should be taken by the exercise of

“ the powers of the Insurance Commission or otherwise to promote research with a view to increasing our present knowledge of tuberculosis in all its aspects and connections, its sources, detection, treatment and prevention.”

(*Chairman.*) Is that accepted, gentlemen?

AGREED.

(*Chairman.*) I think that is about all we can do to-day. I think we have progressed more rapidly perhaps than any of us expected, and I think it shows that whatever differences there may be on questions of detail, on general principles there is a great deal of unanimity. (Hear, hear.) What I propose to do for to-morrow is to arrange what specific points should be raised on the various resolutions and put them before you so that we shall not have any overlapping. We shall know exactly on which resolution the particular points will be brought up. As we are to meet to-morrow at 10.30, perhaps it will be necessary for the Secretary and myself to have a little time this afternoon to prepare that. I do not know whether there is any other question?

(*Dr. Niven.*) Supposing any other principle occurred to any of the members not embodied in these resolutions, would it be competent to put them forward?

(*Chairman.*) By all means. If there is any point that has not been covered by the resolutions, I hope it will be brought forward by members of the Committee either to-day or to-morrow. Are there any points occur to you, Dr. Niven, that have not been touched upon?

(*Dr. Niven.*) It is a little difficult to collect oneself to-day, but one comes into my mind immediately, and that is the desirability of utilizing the insurance benefit in order to extract as much preventive action out of it as possible. I will put it this way: You could make the granting of sanatorium benefit dependent upon the family carrying out the public health or other requirements as regard the provision, let us say, of suitable food and suitable clothing to the rest of the family, and the maintenance of good sanitary conditions. It seems to me that so great a boon is being conferred upon families of consumptives, that a good deal more of public benefit might be extracted from it by directing the use of it in that manner by making the conferring of it contingent upon the carrying out of the strict sanitary requirements. As a matter of fact the utilising of this Insurance Act is going to take away from medical officers of health the nomination, at all events as far as insured persons are concerned, of persons to sanatoria. That is a great weapon in our hands at present. We utilise it to get people to do all sorts of things when they know there is a prospect of their obtaining through our means admission into a sanatorium. I am only suggesting that when the Insurance Act comes into force it should be a direction to utilise the sanatorium benefit in the same way as we now utilize the power of sending people into sanatoria, to make them carry out the requirements of the public health authority. I regard the thing as being a matter of considerable importance, because those of us who have utilized the gifts that we have had in that manner are going to be to some extent deprived of them, and it would be a pity that the use of them should lapse; so I think that might be put in some specific form, although I am not prepared at this moment to put forward a resolution.

(*Chairman.*) Perhaps you will be so kind as to think it over, and if you can frame something, bring it to-morrow.

(*Dr. Niven.*) Thank you.

(*Chairman.*) Are there any other points you could put before us, so that the Secretary and I could discuss on what resolution it would be best to raise them? Of course, the general ones of dispensary, sanatorium, tuberculosis, and things like that, we shall have no difficulty about; but if there are any others that have not been touched upon to-day which anybody would like to bring forward, we would try to fit them in to some resolution.

(*Dr. McVail.*) I am not clear whether this Committee has anything to do with the distribution of the million and a half in respect of its possible influence on voluntary charity. In Glasgow, the question has been raised before the Chairman of the Scotch Com-

mission by the Lord Provost, as to whether, if the city of Glasgow gave a considerable voluntary contribution, it would thereby get an exceptional amount of the grant which is to be devoted to Scotland. I do not know at all whether it is within the scope of this Committee's work to discuss a matter of that kind, as to how far the grant could be used for the stimulation of voluntary charity, and whether in the least it would be proper to use it for such a purpose. I think it is very doubtful myself, but I want to know whether it is a matter for our discussion.

(*Chairman.*) I certainly understand we can discuss the general advice which we should give on such cases.

(*Dr. Smith Whitaker.*) I have had that point raised by my colleague, Mr. Bradbury of the Treasury, and he mentioned to me he very much hoped this Committee would go into the question of making these grants, whether they may be the grants in aid under section 64, or whether they may be the payments made by the sanitary authority using the financial powers in every way to secure moneys from other sources so as to eke out the resources of the Act, and make them go as far as possible. That is not in any resolution, so note might be taken of it in the business of the Committee.

(*Chairman.*) I think that is covered by 12. I have certainly made a note of raising that point of the allocation on 12.

(*Dr. Leslie Mackenzie.*) Arising out of that, might I say there will be some opportunity of indicating the specific administration differences between Scotland and England, and other Public Health Acts; there are a considerable number of items that are different. The powers are different, and consequently I think we can make out a case for slightly different accommodations as affecting Scotland in particular. Then on the question of dispensaries and others, I should like, if I might be permitted now, to hand round a copy of a report that has a bearing on two sides of the question: first, the use of the dispensaries as independent institutions, as municipal institutions, and, secondly, as affecting domiciliary treatment. It is a report we have prepared on the administrative control of phthisis in Glasgow. I have a copy for every member of the Committee here.

(*Dr. Jane Walker.*) Mr. Chairman, would it be within the scope of this Committee to say anything about medical education? As it is now, medical students have very little chance of learning about tuberculosis properly, because they are not taken into the general hospitals connected with medical schools. Would it be within the scope of this Committee to deal with anything about that, so that general practitioners will be more in a position to know how to detect tuberculosis?

(*Chairman.*) I had thought that that would probably arise on the relative merits of a dispensary as a separate building, and as part of a hospital. That point would then be raised.

(*Mr. Davies.*) The same thing applies, Mr. Chairman, to the question of training nurses. Would that also come up on the same?

(*Chairman.*) Yes.

(*Mr. Davies.*) There is one other point I would like to mention: whether it comes within the scope of this Committee to discuss compulsory treatment? What I mean is, whether it is within our powers to make a recommendation that in cases of patients who are recommended for sanatorium treatment, they will be compelled to take the treatment if the dispensary doctor or whoever it is recommends him. I am dealing with the case of St. Helens. A private Bill was passed, which nobody knew anything about—it was discovered in the House by somebody—which made it compulsory that any patient who was advised to go to a sanatorium should be compelled to go.

(*Chairman.*) I think, perhaps, you could raise that on the clause relating to sanatoria.

(*Dr. Newsholme.*) I may say the Local Government knew perfectly well about that.

Adjourned till to-morrow at 10.30 a.m.

(Private and Confidential.)

TUBERCULOSIS COMMITTEE.

SECOND DAY.

Tuesday, 27th February 1912.

PRESENT :

MR. WALDORF ASTOR, M.P. (*Chairman*), *presiding*.

Mr. CHRISTOPHER ADDISON, M.P., M.D.

Mr. N. D. BARDSWELL, M.D.

Mr. A. MEARNS FRASER, M.D.

Mr. A. LATHAM, M.D.

Mr. W. LESLIE MACKENZIE, M.D.

Mr. J. C. McVAIL, M.D.

Mr. W. J. MAGUIRE, M.D.

Sir GEORGE NEWMAN, M.D.

Mr. ARTHUR NEWSHOLME, C.B., M.D.

Mr. JAMES NIVEN, LL.D., M.B.

Mr. MARCUS PATERSON, M.B.

Mr. R. W. PHILIP, M.D.

Mr. H. MEREDITH RICHARDS, M.D.

Mr. T. J. STAFFORD, C.B., F.R.S.C.I.

Miss JANE WALKER, M.D.

Mr. J. SMITH WHITAKER, M.R.C.S.

Mr. F. J. WILLIS (*Secretary*).

(*Chairman*.) Gentlemen, we propose to-day, if possible, to try and have a discussion on Resolution 6, and points arising on it, that is to say, points arising in connection with the dispensary. The suggestion is also that to-morrow, if possible, we should have a general discussion on points arising on sanatoria. Before we actually begin to-day I would ask you to look through the notes we have put under Resolution 6 to see if there are any points which we have omitted; perhaps there are any suggestions of the Committee as to points that ought to be discussed to-day on that resolution, and if so we can consider them. I might add that we have added classification and diagnosis in addition to those which are typed as points arising in connection with Resolution 6. Well, gentlemen, if during the discussion it occurs to you that any point has not been put down which you think ought to be raised on 6, perhaps you will just send up a little note and we can see that it is considered and put down. I think, probably, the best way in which we can take this is first of all to take the one that is down on the paper, namely, Dispensary *versus* Out-patient Department, then to go on to classification and diagnosis, then definition of size of area and so on.

(*Dr. Newsholme*.) The Chairman has asked me to make some observations in opening the discussion on this point, and for that purpose I will merely read what I said yesterday in my preliminary memorandum under paragraph 6 :—

“ The consultant or tuberculosis medical officer
“ may be supplied from the medical staff of a
“ tuberculosis clinic or dispensary; or he may
“ be provided apart from this. In either case
“ there will be great advantage in retaining him
“ to advise also as to patients requiring treatment
“ in a sanatorium.

“ In following up information as to cases of
“ tuberculosis other cases of tuberculosis pre-
“ viously undetected are brought to light. For
“ this work and to co-ordinate the entire tuber-
“ culous work of a district, a *tuberculosis clinic*
“ or *dispensary* or a *tuberculosis medical officer*
“ apart from a special institution is required.
“ Such a clinic or officer when properly related
“ to the local authority and their medical officer
“ of health becomes an efficient centre for the
“ entire tuberculosis work of a district or borough.
“ In this way early diagnosis can be secured;
“ cases can be selected for sanatorium treatment;
“ and the continued satisfactory treatment,
“ after-care, and supervision of patients who

“ have left a sanatorium can be arranged. By a
 “ judicious use of the clinic and the sanatorium
 “ in relation to each other, institutional treat-
 “ ment may sometimes be much curtailed. When
 “ practicable, there will be advantage in affiliating
 “ a tuberculosis clinic to an already existing
 “ medical institution. By utilising the services
 “ of general practitioners as assistant medical
 “ officers of the clinic, its work can be arranged
 “ in a manner which will more completely fit
 “ practitioners for their duties in the diagnosis
 “ and domiciliary treatment of tuberculosis.

“ 7. The tuberculosis medical officer should be
 “ in daily touch with the medical officer of
 “ health; and the receipt of institutional benefit
 “ may with advantage be made conditional on
 “ the report of the tuberculosis medical officer.

“ The relation of the tuberculosis clinic to the
 “ medical officer of health should be such that
 “ there is no unavoidable duplication of home
 “ visiting. Similarly the work of the tuberculosis
 “ medical officer should be co-ordinated with the
 “ school medical service, in order to avoid dupli-
 “ cation in the work of diagnosis and treatment
 “ of the disease.”

(*Dr. Smith Whitaker.*) May I make a suggestion, sir? I think it will make it easier for us all. I think that none of us can have considered this matter without coming to the conclusion that the question of kind of district must have a great effect on the arrangement. It is quite clear from Dr. Newsholme's memorandum of the kind of arrangement that might be suitable for a great centre of population like Manchester or Birmingham, would be unsuitable in a scattered rural district, and may I venture to suggest that we begin, sir, if it meet with your approval and that of the Committee, by considering the problem as it would apply to a great urban area, that we should consider we are dealing, to begin with, with a great urban area that really, though in area it does not cover the greater part of the country as regards population, it covers the greater part of the population. This country is essentially an urban population; the rural arrangements are exceptional and, therefore, I suggest that we begin by the consideration of a great urban area and imagine that that is the kind of institution we are considering, and then subsequently proceed to adapt our conclusions on that point to the requirements of other districts.

(*Mr. Stafford.*) I quite concur in that statement from the point of view of Ireland, because there you are dealing with a country where you have got 70 per cent. of the people who are rural, and only 30 per cent. urban, which is quite the opposite to what you have got over here. You have also got areas in Ireland where it would be impossible to carry out these regulations, that is, there are districts in Ireland where it would be quite impossible to run your dispensary and your hospitals on the lines suggested by Dr. Newsholme, that is the dispensary medical officer could not possibly be in touch with the various medical officers of health, because these areas are very large; they are very sparsely populated. For instance, in one county, the county of Mayo, you have got 40 miles of country without any communication whatever in the shape of railways; you could not have there that intimate touch which you can have in the urban districts; therefore, through the whole of these proceedings I should always have to bear in mind the conditions of my own country, and how far these regulations or suggestions are applicable to a purely rural district. I quite agree with what Dr. Smith Whitaker has said, and I think that we should first of all consider the question as to the great centres of population where tuberculosis is more rife, and where we can deal with it also upon the lines suggested by Dr. Newsholme.

(*Chairman.*) Well, then I think it probably would be an assistance to the Committee if we were to take it at first that we are dealing with the question of a dispensary in relation to a great urban district with its population. That would apply to Ireland; you have urban districts there too; and then we will take the rural afterwards.

(*Dr. Meredith Richards.*) Do you think the conditions would be different in a large urban district than

in a county borough? You would let in all country districts if you took county boroughs first.

(*Dr. Philip.*) I think you have suggested that the first point is Dispensary *versus* Out-patient Department. As I am most anxious to say a word or two regarding this subject generally, I should like beforehand to raise the query whether it is desirable to place these two in antagonism. As I conceive a dispensary it might perfectly well be an out-patient department provided the out-patient department be arranged so as to fulfil the needs and the duties of the dispensary. The trouble is that most out-patient departments are not so arranged; they are not so conceived, and the danger is that if one simply left it in the hands of an ordinary out-patient department the purposes of the dispensary would not be achieved. What are the purposes of the dispensary? As I conceive it, it is the centre of anti-tuberculosis operations in the widest sense; it is a great collecting house of what you may term the tuberculosis material of the district that is not otherwise cared for as by private practitioners, and so on, and further it is a great centre of information regarding every aspect of the tuberculosis problem. Taking the latter first it seems to me that persons of every sort should be encouraged to come, invited to come, to this centre for information—on the one hand public persons desiring to know how to handle a particular aspect of the problem, on the other hand individual patients either coming off their own bat, or sent by this or that agency. This centre should be capable of guiding all such inquiry in the proper direction. Unless you have such a guiding centre in a community I think you will constantly have difficulty. Turning, however, to the patients' side of the question, the therapeutic and preventive aspect I conceive of it as a great collecting house, a great sorting house for all types of tuberculous cases. A considerable number of these patients would be outside the ultimate purposes of dispensaries so far as treatment is concerned, but they would be cleared off to other agencies. Just let us take the private practitioner first. A certain number of patients would be cleared off to the private practitioner because they should not have come there at all for one reason or another, and so on. When you come to the actual grouping of patients for treatment you find, on the one hand, that a certain number of patients can immediately be treated at the institution itself as is conceived here presently. At the institution such patients will naturally have specific treatment, will have most modern methods applied to them. A certain number of patients will be cleared off to the various institutions which we were speaking of yesterday—on the one hand, the sanatorium for early cases, on the other hand, the hospital for advanced and bad cases. All this will be done under most expert guidance, for I can say that the personnel of the dispensary would be qualified for this purpose. Then, further, in every case whether the patient be treated at the dispensary or at his own home as a dispensary patient, or be transferred to one or other of these institutions, the dispensary comes to be a big centre of domiciliary investigation of determination, conditions of environment, &c., which may have led up to the spread of the disease, and on the other hand a centre of determination of other cases by means of the examination of the contacts. This last point seems to me perhaps the most significant in relation to the whole dispensary activity because there you touch the possibility of the detection of disease in the very earliest stages; there you touch the possibility of getting hold of the child; there you touch the possibility of preventing the disease ever reaching the formidable proportions with which unhappily the ordinary public associates it. If such a large aspect of the activity of the dispensary were conceived and maintained it necessarily means a revision of the conception of the out-patient department, and on that account it seems to me essential in most cases that a separate institution should be created. The outlook of the out-patient department up to the present time has been so very limited. Then, beyond all this, and with reference to a point which we were discussing yesterday, the dispensary must come to be a big centre for the training of medical men, the training of medical students, the training of nurses, if

your big network of activity, such as we were discussing yesterday, is to be maintained. The weak point in relation to the whole tuberculosis problem at the present time is the relative ignorance on the part of our medical practitioners. There can be no doubt that we are waiting far too long, that if an expert body of persons were created by these institutions we should have been in a totally different relationship to the problem than we are at present. Then lastly, in regard to this keeping of records some hesitancy seemed to exist yesterday as to what was meant by this. There can be no manner of doubt that the medical officer of health and the Public Health Department is the centre for the recording of the number of cases that exist in a community. These he will naturally obtain, No. 1 through the ordinary channels of general practitioners, and so on; No. 2 he will receive in large part from the dispensary. A most interesting point has emerged in connection with dispensary activity in the city of Edinburgh. As a matter of fact, although we have compulsory notification, the dispensary notifies more than 50 per cent. of all the cases which are notified to the medical officer of health. Well, such facts mean that a tremendous amount of recording must go on in the centre itself. Such results are not obtained without a most careful domiciliary investigation. The detailed investigation I must not trouble you with at present, but without that detailed investigation both on the part of the trained nurse and on the part of the doctor, the successful results would never have been made. What has brought dispensaries sometimes a little bit into discredit, I think, has been the slackness with which the dispensary ideal has been carried out. There are dispensaries and dispensaries. If, as in the city well known to myself, the dispensary exists merely as an office towards which patients desiring to get sanatorium treatment come, and they are either passed for the sanatorium or not passed, well, naturally, one cannot expect very much from that. On the other hand, if you have the systematised practice of the dispensary, as I have attempted rapidly to sketch, you have the potentiality for the searching out, the eradication of the disease, which it seems to me could not be achieved by any other method. Before sitting down, I desire to emphasise particularly that in any well-organised dispensary it is essential that both the nurse and the doctor should follow the patients to their homes. It is not sufficient that a nurse, still less an ordinary health visitor, should follow that patient to his home. It is not sufficient that a general suspicion as to the presence of tuberculosis may be raised; it is essential that the whole household that has been in contact with a particular case which has led to the domiciliary investigation be investigated.

(*Dr. Leslie Mackenzie.*) Mr. Chairman, I should like, supplementing what Dr. Philip has said, to put it from an entirely different point of view. The question of out-patient department *versus* dispensary is obviously suggested in terms of existing hospitals worked from their present standpoint. Assuming that, as in Scotland—and, I presume, in England—it is possible for the local authority for public health to institute a tuberculosis hospital specifically for the purpose of tuberculosis treatment, the question of out-patient department there resolves itself simply into a tuberculosis clinic of a given institution. The ordinary out-patient department of a general hospital, of course, treats all forms of cases, and it may well be difficult to specialise it for the purpose of tuberculosis. But, if it be assumed, as we may assume, that the hospital be a tuberculosis hospital, the whole question lapses because the question of dispensary or out-patient department does not arise; there need be no complication, an out-patient department may become the most efficient dispensary.

(*Dr. Addison.*) Before you go on—let me interrupt you—will you explain what you mean by a tuberculosis hospital in the course of your remarks?

(*Dr. Leslie Mackenzie.*) Perhaps I may most simply answer that by referring to our Public Health Act where any local authority may, and if required by the Board, shall, provide, furnish, and maintain for the use of inhabitants of their district suffering from infectious disease hospitals, temporary or permanent, and houses of reception for convalescents from infectious disease

or for persons who have been exposed to infection. Nine years ago the Local Government Board for Scotland intimated that they regarded pulmonary tuberculosis as an infectious disease. Six years ago they issued a circular, of which I can let each member of the Committee have a copy, indicating as the result of that how many powers of the Public Health Act could be reasonably applied to pulmonary tuberculosis. Three years ago they supplemented that by an amending Public Health Act, which makes it possible to apply without hardship all the powers whatsoever of the Public Health Act to put tuberculosis on the same footing as typhoid fever, or any other infectious disease. Well, in order to carry out the provision of hospitals there are several methods: (1) they may themselves build such hospitals or houses, meaning the reception houses for contacts or convalescent homes; and (2) they may contract for the use of any such hospital or house, or a part thereof; or (3) they may enter into any agreement with any person having the management of any such hospital or house or part thereof on payment of such annual or other sum as may be agreed on; and then to cover the question of dispensaries, and domiciliary visits there is then power that "any local authority, with consent of the Board, " may also, or in place of providing such hospitals or " houses as aforesaid, employ nurses to attend the " persons suffering from infectious disease in their " own houses, and also supply medicines and medical " attendance for such sick." Consequently, on the basis of that clause we issued this circular, showing how it included sanatoria or curative hospitals, all-day hospitals, all-night hospitals, convalescent colonies and homes, work colonies, hospital wards for educative treatment and control, hospital wards for isolation of advanced cases, and dispensaries for pulmonary phthisis; and on the lines of the details which Dr. Philip has indicated, we specified that in towns, and other thickly-populated localities, where the number of phthisical patients is large, the local authority will find it advisable to institute a dispensary or dispensaries. In point of fact, in the report that I circulated yesterday you will find that the municipality of Glasgow has proceeded on those lines; they have instituted four large municipal dispensaries. As there has only been an order for 18 months in operation, they are still not at full working strength, but they have actually appointed the tuberculosis officer, that Dr. Newsholme speaks of, an assistant to the medical officer of health. They have also appointed five or six nurses, whose operations you will find detailed in that report, consequently what I wish to keep perfectly clear in my own mind in the matter of dispensaries is that it may be developed as it is with us as a specialised department of the public health service of each municipality. And in the counties, of course, it is of eminent importance that that should be kept in view, because the question that Mr. Stafford raises arises there. You have public health organisation in every county which is subdivided into districts, each district committee being the local authority for the district. These are now doing in a large proportion of the cases in Scotland, as far as it is reasonably practicable with the funds reasonably available now, the very work that is being here suggested as dispensary work. We are not now discussing the rural question. The town question is precisely the same thing. What I wish to point out, sir, is that to my mind what is detailed in this circular as the functions of the dispensary are really the functions of the local authority for public health; and take one practical question on the examination of contacts under section 45 of the Public Health (Scotland) Act, the medical officer of health may examine any person found on such premises with a view to ascertaining whether such person is suffering or has recently suffered from any infectious disease. That covers the whole of the question of the examination of contacts; and of course, to my mind, the advantage of having a dispensary, or subordinate department as a department of the public health organisation, or an arrangement made with it from the standpoint of the public health authority, is that not only in general sanitation but in the personal dealing with patients the local authority for public health has full powers to carry

out their intention. The difficulty is that the outside organisations in the sense of these unattached voluntary organisations may proceed by persuasion, but there is no ultimate power to carry out their wishes except through the local authority for public health.

(*Dr. McVail.*) Only one question, sir. Would Dr. Leslie Mackenzie say whether the Scotch Local Government Board regard themselves as having power to compel local authorities to appoint a staff for the purpose?

(*Dr. Leslie Mackenzie.*) I think I am right, sir, in saying that that is the view of the Local Government Board. "If required by that Board, shall provide "furnish and maintain hospitals," that includes staffing of hospitals. If there is no hospital, if with the consent of the Board a district is unsuitable for that, as happens in large areas in the west of Ross-shire, the west of Inverness, and the Islands, then a system of nursing has been established with our consent, and, of course, that scheme must be satisfactory to the Local Government Board before they would allow any local authority to be relieved of the obligation to provide hospitals; consequently I think I can answer Dr. McVail's question absolutely in the affirmative.

(*Dr. Addison.*) I want to get some more information. Has the Local Government Board in Scotland power to make any grants?

(*Dr. Leslie Mackenzie.*) The only grant we have money for is a grant for sanitary officers. Where the medical officer of health and the sanitary inspector give their whole time to the work of their offices they get one third of the salary. That is under the Public Health Act.

(*Dr. Addison.*) I only want to clear up the present situation. In the next place, have any of these authorities instituted sanatoria up to the present?

(*Dr. Leslie Mackenzie.*) I could not tell you off-hand, but I have the whole list by me.

(*The Secretary.*) It is a considerable number; your question is, have any?

(*Dr. Leslie Mackenzie.*) Our clause covers—

(*Dr. Addison.*) I do not want to know about the clause; I want the facts. Are any of these authorities now running sanatoria?

(*Dr. Leslie Mackenzie.*) The whole county of Ayr, which includes some seven or eight boroughs and six county districts, are running a sanatorium at Glenafton of 40 or 50 beds.

(*Chairman.*) And have they dispensaries in connection?

(*Dr. Leslie Mackenzie.*) Not as yet. You see all this is being created. Then in Ross-shire there is a sanatorium of about 20 beds.

(*Dr. Addison.*) Who runs that?

(*Dr. Leslie Mackenzie.*) It is an endowed sanatorium available for the authorities. In the county of Argyll there is a sanatorium which is run by the local authorities of the county of Argyll.

(*Dr. Addison.*) How many beds are there in that?

(*Dr. Leslie Mackenzie.*) About 20 beds.

(*Dr. Philip.*) Who instituted it?

(*Dr. Leslie Mackenzie.*) That was instituted by private subscription.

(*Dr. Philip.*) Who instituted Glenafton?

(*Dr. Leslie Mackenzie.*) Private subscription, and it is now taken over, and it has been doubled in size by the local authorities who are maintaining it.

(*Dr. Addison.*) A little further, this one at Ayr, is that Glenafton?

(*Dr. Leslie Mackenzie.*) Glenafton, yes.

(*Dr. Addison.*) You say that was started by private subscription?

(*Dr. Leslie Mackenzie.*) That was started by private subscription and then handed over to the local authorities who have since doubled the accommodation.

(*Dr. Addison.*) And now maintain it?

(*Dr. Leslie Mackenzie.*) And now maintain it; then the town of Dundee has also a sanatorium, not municipal; they have a municipal dispensary.

(*Dr. Addison.*) Is there a sanatorium in the municipality? I am only talking about the local authorities.

(*Dr. Leslie Mackenzie.*) Well, municipality is the same thing,

(*Dr. Addison.*) A sanatorium?

(*Dr. Leslie Mackenzie.*) No. In Dundee there is sanatorium available. They have ten beds in it, and of course the city of Edinburgh has ten beds, I think, in the Royal Victoria Hospital. It is difficult to remember them all right off; however, I can give you a complete list.

(*Dr. Addison.*) I do not want to heckle you; I only want to get the facts.

(*Dr. Leslie Mackenzie.*) It is quite proper you should heckle me; I do not in the least object to that.

(*Dr. Addison.*) No, certainly. Let me be quite clear of the facts. I take it, so far as you recollect—I assume it is just recollection, we ought to have given you warning—there are 20 beds in Argyll in a sanatorium which was originally started by public subscription?

(*Dr. Leslie Mackenzie.*) It was a private donation.

(*Dr. Addison.*) That is a private body, is it?

(*Dr. Leslie Mackenzie.*) Oh, no. It has been handed over to the local authority and it is now their property; they have to do all the rest.

(*Dr. Addison.*) In a year they have taken it away and doubled it?

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Addison.*) Ross; is that a private one?

(*Dr. Leslie Mackenzie.*) It is an endowed sanatorium.

(*Dr. Addison.*) In Dundee they have ten beds in what is otherwise a private sanatorium?

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Addison.*) And the same applies to Edinburgh?

(*Dr. Leslie Mackenzie.*) It is private in the sense that it is not municipal.

(*Dr. Addison.*) Yes, but I want to know.

(*Dr. Leslie Mackenzie.*) You were just going a little too fast for my mind; we are Scotch here, but we cannot keep up with that pace. In the city of Edinburgh, besides the arrangement made with the Royal Victoria Hospital for so many beds, an official arrangement which is carrying out the duty of a municipality, and is paid for accordingly, there are 60 beds allocated in the city hospital for infectious diseases.

(*Dr. Addison.*) What for?

(*Dr. Leslie Mackenzie.*) For phthisis.

(*Dr. Philip.*) For advanced cases?

(*Dr. Addison.*) For advanced cases.

(*Dr. Leslie Mackenzie.*) For advanced cases, yes.

(*Dr. Addison.*) 60 beds, you say, for advanced cases?

(*Dr. Leslie Mackenzie.*) For advanced cases of consumption. In Aberdeen there are 50 beds allocated for sanatorium purposes and tuberculosis treatment.

(*Dr. Addison.*) Where?

(*Dr. Leslie Mackenzie.*) In Aberdeen.

(*Dr. Addison.*) Where?

(*Dr. Leslie Mackenzie.*) In the city of Aberdeen; in the city hospital.

(*Dr. Addison.*) In the city hospital?

(*Dr. Leslie Mackenzie.*) In the municipal hospital.

(*Dr. Addison.*) Yes, and I take it the municipal hospital is for advanced cases?

(*Dr. Leslie Mackenzie.*) No; oh, no; for sanatorium purposes; as a sanatorium for treatment by tuberculin and so on.

(*Dr. Addison.*) Are there infectious diseases in the same institution?

(*Dr. Leslie Mackenzie.*) Yes.

(*The Secretary.*) In separate wards?

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Addison.*) Oh, yes, I understand.

(*Dr. Leslie Mackenzie.*) In the county of Lanark, I could not tell you offhand, but in the course of a year they tried at least 300 cases by sanatorium treatment; that is the county hospital of Lanark.

(*Dr. Addison.*) Now, can you give me any information—

(*Dr. Leslie Mackenzie.*) These are called, not county hospitals, that is to say local authority hospitals, public health hospitals.

(*Dr. Addison.*) Now, can you tell me how many other authorities—I am not speaking of private organisations, I mean municipal authorities—that are running dispensaries other than Glasgow?

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Addison.*) But can you tell me?

(*Dr. Leslie Mackenzie.*) Dundee has one.

(*Dr. Addison.*) Dundee has one?

(*Dr. Leslie Mackenzie.*) A dispensary; you were asking about sanatoria.

(*Dr. Addison.*) Yes, dispensaries; I am now on dispensaries. One in Dundee?

(*Dr. Leslie Mackenzie.*) One in Dundee.

(*Chairman.*) The four in Glasgow are municipal?

(*Dr. Leslie Mackenzie.*) The four in Glasgow are municipal.

(*Dr. Addison.*) I am sorry to trouble you so much.

(*Dr. Leslie Mackenzie.*) It is hardly fair to get this out verbally; it is all on record.

(*Dr. Addison.*) As you have brought it up, could you give us any idea, I only want it just roughly, the death rate from tuberculosis in Scotland, or the number of cases? How many cases do you estimate have got tuberculosis in Scotland; could you give me the figures?

(*Dr. Leslie Mackenzie.*) That is a very available figure. The actual deaths are, approximately, 6,000 from pulmonary tuberculosis, and, approximately, 4,000, or a little less, from other forms. Of course, it is a mere matter of speculation, but probably 90 per cent. of the whole population of the Highlands have some form of tuberculosis. But that is not what you mean; you mean tuberculosis under some form of treatment. I could not give you any estimate of that.

(*Dr. Smith Whitaker.*) Well, sir, my only reason for rising now is that Dr. Leslie Mackenzie's remarks seem to me to have led the discussion into a line that I rather understood from you we were not going to be drawn into in the first instance. I mean in connection with the question of dispensaries, clinics, centres, and so forth. There are internal questions of the organisation of the dispensary and the functions they are going to subserve, the way it shall be staffed, and all that kind of thing, which we may say involve various scientific questions of the kind that Dr. Philip brought before us. But as soon as you come to the questions that Dr. Leslie Mackenzie introduced you come to questions of administrative control of the greatest possible difficulty. I do not want, particularly in the presence of Members of Parliament—it would be presumptuous for a permanent official in any way to suggest criticism were possible of an Act of Parliament—but at the same time one cannot deny, faced as we are in this Committee by the fact that the provision of section 16, as regards the relative functions of the Insurance Commissioners and the insurance committees on the one hand, and the local authorities and the Local Government Board on the other hand, do present a knot of very considerable difficulty to disentangle, and if we have to go into that at this moment, then, of course, I should be prepared to put before the Committee considerations from the point of view that I have to represent here that I think will have to be taken into account. But I gathered from you, sir, before we began, that it was desired, if possible, to avoid bringing on that discussion during the early part of these proceedings, and, therefore, with all respect, I venture to suggest that we may perhaps keep rather to the line that Dr. Philip opened up of what should be the functions of the dispensary, for example, as between the dispensary and the out-patient department, and I think, sir, that we can do that without prejudicing the question of administrative control in one sense or another. That is what I am afraid we must all do. If we are going to postpone that question, we must not prejudice it in the meantime by our discussion of other questions, and it does seem to me that clearly if you are going to have an institution in a large centre of population, such as Edinburgh, Glasgow, Belfast, Manchester, Birmingham, Liverpool, and in large centres of that kind, if you are going to have an institution which is going to serve the functions or any of the functions that are put on this paper, their organisation must have a medical head to that institution, and the question to the extent at which that medical head is to be the officer of the local government authority and the county or borough council, and on the other hand, if in any sense an officer of the insurance committee, in discharging functions for the insurance committee, that they must be someone to discharge the question

whether he should combine in his person both those functions, I suggest, sir, is a question which we can safely postpone. I do suggest, if we are going to postpone it, we should postpone it, and we should avoid any attempt to raise the question of the powers of local authorities in this regard until we do come to that aspect of the whole problem. May I, before I sit down, say we should be glad if we could have some information comparable to that which Dr. Leslie Mackenzie has given us, as regards the position of this country in fact, and possibly before the next set of meetings of this Committee we might have some return or some information as to the powers of various local authorities in the different counties that are represented here, and the powers of various local authorities of all kinds, and also, which I think is not the least important, the extent to which those powers, so far as is known, are at present being exercised. I think it is very important that we should know to what extent the ground is already, not merely theoretically, covered by the powers contained in the Act of Parliament, but actually covered by administrative arrangements that are actually in operation. If we might have that information, sir, I think it would be useful.

(*Chairman.*) Mr. Smith Whitaker is quite right; it was our intention, if possible, not to discuss the relation between the local insurance committees and the local authorities, or the bigger bodies which they represent in their locality; it was rather our intention, if possible, to discuss the internal questions, if I may put it so, of dispensaries, their nature, staff, and cost, and the general make-up of what we understand by the word "dispensary." I think it would be far better if we could limit the discussion to those particular points and come back to the bigger question of administration and the relation of those to public authorities later on.

(*Dr. Niven.*) Perhaps, however, you would permit me to say that these functions which are fulfilled by dispensaries, should be, and have been, to a very large extent carried out in Manchester for a great number of years by a totally different organisation connected with the medical officer of health.

(*Dr. McVail.*) With regard to the question of postponement, will you allow me to support entirely what Dr. Smith Whitaker has said? Before this Committee was formed, in Scotland we were in the process of arranging a conference between the Local Government Board and the Scottish Commission on the whole subject, and that conference did not take place in view of this Committee having been called; but the law of Scotland is so different to that of England in respect of public health, and the administration is so different that it would be quite impossible, so far as I am concerned, to come to any conclusion on these subjects without consulting my other Commissioners and without raising the question with them as to whether we should have a conference with the Local Government Board in Scotland. The conditions are very different, and the problem is difficult, and to rush it and to come to an early decision would be a very serious mistake.

(*Dr. Leslie Mackenzie.*) My purpose, I may say, Mr. Chairman, in raising it from this point of view, if I could have said what Dr. McVail has said, that is all that I should have wished to convey, but the question should not be prejudged as taking over functions of the local authority by anything that we had done by the discussion of the internal nature of the functions of the dispensary.

(*Chairman.*) We have merely agreed that some centre is necessary, and we want to discuss to-day, if possible, the nature of the exact functions of that dispensary.

(*Dr. Leslie Mackenzie.*) I am sorry if I have led the discussion into the wrong line.

(*Dr. Paterson.*) I should like to say about this proposed centre, which has been so called a dispensary and which is a very good name for it, but a dispensary is generally a place for dispensing medicines, and to propose now to have a centre which is to be the seeker-out of tuberculosis and also to dispose of them in any such centre, it seems to me essential that we should have beds. You get a patient come along who has a lot of sputum and he feels extraordinarily ill, and you

can tell that patient as much as you like that the sputum is infectious and give him a sputum pot, but when he is in that condition he will spit anywhere, and that is the kind of case that spreads tuberculosis more than anything else. A person that is feeling ill at present, if he comes to the dispensary, what are you to do with him? There are no beds; there is nowhere to place him. He ought to be taken in at once until such a time comes that you can move him. I do not mean that you ought to have a big hospital, but whenever a case of tuberculosis comes that appears to the medical officer to be capable of spreading infection from carelessness we must seize him and keep him there till you can get him into a sanatorium, or wherever he is to go. And then, another function which the hospital beds should provide is a very important one. You get a patient who has been in a sanatorium and gets perfectly well there and he comes home and for some reason or another he gets a temporary relapse. If you could only have a place where a man, when he has fever, could be properly looked after for a week or ten days, I believe you would save the man and restore him his health and he could go back to his work in a fortnight. Now he has to drift about, probably very ill, for three months or four months, or he never works again. This hospital could take the place of the dispensary altogether, in that it has beds in its out-patient department. Where it appears, in future at any rate, as they are doing at Portsmouth, a trial is given of tuberculin, and I am perfectly certain that anyone giving tuberculin to the out-patient has felt much happier in his mind if he has got some beds which can take doubtful cases if only for a few days; because if tuberculin is going to be given, as has been done at Portsmouth, I know very well the medical officers have very sleepless nights if they have not some beds. In Portsmouth they started, mind you, without any beds at all, and they were going to try and do without them, but they have got some beds now and I know they would like some more. That is, of course, just from experience. Then, with regard to this centre it should be capable of diagnosing every case. It should have a laboratory; in fact it should be a tuberculosis hospital where the chief work is out-patients, but with a certain number of in-patients' beds, and with a man who is an expert in the diagnosing and sorting out of cases.

(*Dr. Bardswell.*) I would like to fully endorse what Dr. Paterson has said. There is just one point about the beds in Sheffield, the scheme is very much like what has been done at Portsmouth. I understand there they have got a lien over so many beds in the hospital for observing cases seen in the dispensary. To that extent, possibly, the existing hospital accommodation might be turned into a gathering ground which Dr. Paterson has suggested. It is very important also, of course Dr. Paterson will agree with me, for the selection of cases, a few days' observation of them is almost essential. I do not care what experience a man may have, it is very hard to say offhand what a patient will do and what he is likely to do. If you have a patient under observation for three or four days, or even a week, you can form a far better opinion as to whether he is likely to benefit by sanatorium treatment or whether he is not likely to do so. I fully endorse the view that there must be beds attached to the dispensary. I only raise the point whether or not it is possible to have an arrangement with local hospitals for taking over beds for the purpose of observation in those cases.

(*Chairman.*) May I ask, does Dr. Paterson think that all cases should go to the observation beds, and how many beds he thinks there ought to be in connection with such a dispensary?

(*Dr. Paterson.*) No, I was not proposing that every person should go to the observation bed, I should leave that to the discretion of the medical officer. I quite agree with Dr. Bardswell that you cannot tell for certain what is going to happen to every case of tuberculosis, but you have got a fair idea, and if you make a mistake then you can have them into your beds for observation. I was thinking of a town the size of Portsmouth. I do not know the number of people there are there, but I know the appearance of the place; I was thinking of a place having beds something like 8 to 12. What is the population of Portsmouth?

(*Dr. Mearns Fraser.*) 236,000.

(*Dr. Paterson.*) That is what you find?

(*Dr. Bardswell.*) No, we want one bed to about 10,000 in connection with the dispensary, that is what I am aiming at.

(*Dr. Paterson.*) That is 30 for Portsmouth?

(*Dr. Mearns Fraser.*) About 30.

(*Dr. Paterson.*) I was not thinking of so much as that, I was going to allow a little less than half of that; I ought to have said that I did not mean that this was to be a separate building in any sense. I think, if possible, it should adjoin an existing building for the purpose of administration, and that it would be cheaper, I expect, if that were possible. I also omitted to say that it is all very well to say a dispensary for diagnosis and no beds, but you forget the problem of the person like the domestic servant who gets tuberculosis and the moment they are notified they are turned out of the house at once. I know of this, because we get so many of them at Brompton, and they have absolutely nowhere to go. They go into lodgings and they get ill there. They are notified again; up comes the inspector and they are pushed out again. They are simply being pushed from one place to another. That does not apply to domestic servants only; it applies to anyone who becomes ill with tuberculosis and gets notified. The people of the lodgings know, and the medical officer's representative comes along and out they go. I know quite a number of patients who have done badly and who have simply been dying from one house to another. That is the type of case I say we ought to do something for, because they are very infectious.

(*Dr. Philip.*) May I just point out that I think that, as in the last case, we are tending to mix two issues. I purposely avoided the question of beds altogether. It does not matter a tuppenny bit where the beds are. In any good concerted scheme there will be beds. Patients coming into a dispensary requiring immediate treatment will be attended to in beds for that purpose, and if we are going to include the reference to the relationship between the dispensaries and the sanatoria, well, then, we shall be half discussing sanatoria at the same time we are discussing dispensaries.

(*Dr. Newsholme.*) I think, sir, it is important to remember that the subject is not quite as put by Dr. Philip. There are three things involved. That is sanatoria accommodation in which the patients stop for a month, three months, or six months; and there is the intermediate watching stage for which ten beds only may be necessary, and during which time the committee decide whether the case is unsuitable for ultimate treatment in the sanatorium. I wish to endorse entirely what Dr. Paterson and Dr. Bardswell have said about the desirability, and I certainly think the absolute necessity of preliminary watching all cases, a certain proportion of the total cases in an institution, before deciding whether they are needed for more protracted sanatoria treatment. I sympathise entirely with what was said about domestic servants. Every patient out of work must come quickly into that institution, even though they are not ultimately suitable for protracted sanatoria treatment. It is of the utmost importance also that such institutions should be close to the population served by the dispensary, and the more distant sanatoria does not need that. I do not think that any system that we can devise will be satisfactory which does not include, along with or close to the dispensary, beds available from which patients can subsequently be drafted to a cure sanatorium, if such drafting is possible.

(*Chairman.*) May I ask, just to clear up exactly what was in Dr. Paterson's mind, does he mean that those beds should be for the purpose of classification or that they should be used for the treatment or for segregation?

(*Dr. Paterson.*) I mean for classification. The person that is ill is not to be sent all over the town trying to find a place to go to; he is taken in at once, because he is ill, and then at the very first moment he is put into the place where he ought to be. It is simply a hospital for classification.

(*Chairman.*) Just for a few days?

(*Dr. Paterson.*) A few days. If I were running the place I would try to keep my beds always empty, so if

four or five people came along I could always take them in. I should get rid of every case at the first possible moment. I am not calling it a hospital for treatment, but a temporary asylum for people until they are classified.

(*Dr. Smith Whitaker.*) An observation ward is the word that covers the thing best of all.

(*Dr. Paterson.*) It is an emergency ward really.

(*Dr. Niven.*) It being understood that it is in connection with a dispensary or the organisation equivalent to a dispensary, and also that it is not necessarily at the dispensary but is within convenient range.

(*Dr. Paterson.*) No, sir, what I meant was these beds should be under the power of the medical officer at the dispensary, and that he should decide whether they can go in. The beds may be somewhere else. He has not to go through a long machinery to get first aid, and he can say: "This patient is ill and he is infectious, therefore I take him in until I can dispose of him."

(*Dr. Niven.*) I say an organisation equivalent to the dispensary, because, if you have from your centre the medical officer visiting the home, you might just as well send them direct from the home as send them from a dispensary.

(*Dr. Paterson.*) Oh, yes, quite.

(*Dr. Niven.*) It is an observation ward in connection with the centre.

(*Dr. Addison.*) It might be useful, and might lead to clearing the air a little bit if, before we settle this question of beds, upon which there seems to be a general agreement that they should be, at least, available for the officer in charge of the dispensary, if we were to agree as to the internal functions of the dispensary on this question. I think that the general question of the clearing-house seems to be generally agreed upon, and the relations of the medical officer to the general practitioners is a very important one which we shall have to consider and report upon. A large number of these cases, I take it, would be sent up to the dispensary by the medical officer in attendance on the insured person, and I think it is very desirable this attendance on the insured persons by the general practitioner should be in consultation with and under the supervision of the medical officer attached to the dispensary, who is the tuberculosis expert in that district. He also, I suppose, would be the man who would examine, at all events who would confirm in any examination of contacts where diagnosis of tuberculosis had been provisionally made. Then the question of laboratory provision has not yet been discussed. I think it would be interesting to know, because it is necessary to clear up this issue before we come to the question of cost. Is there to be a laboratory at each dispensary, or are you to group the dispensaries with a laboratory attached to the group? Perhaps, in London, that might be possible. In a small urban district that would not be possible; you would have it at the dispensary. It seems to me, therefore, that the dispensaries must fall, at least, into two groups: first-class dispensaries, where you can have a medical officer of the highest standing with laboratory accommodation, and a number of beds, either in the same or near the same building, or in an adjoining building, or near to. But in country districts, of course, that would not be possible at all. Say a county where you might have a whole county, as far as possible, arranged on this line; the medical officer, perhaps, would go round in the little county towns once a week. So that what we mean by dispensary is not necessarily the same thing, I take it. It would be quite different in a place like a county or borough to what it would be in a country district, and in order to clear the air I think we should determine precisely what class of dispensary we are going to deal with, and so far as a dispensary in a county or borough is concerned, in a county like London, it seems to me that, except places like London, Manchester, and Birmingham, and other big places, it would be desirable to have a laboratory in each dispensary, at all events sufficient laboratory accommodation. The relation of the dispensary and the school and the medical officer, and the accommodation for children is, I take it, a point which will necessarily determine the character of the dispensary. If the children identified as having tuberculosis by the school

medical officer are to be brought into relation with the dispensary established under this scheme, then it will probably lead to some bigger institutions with larger facilities than it otherwise would do. So far as I am concerned, I sincerely hope that we shall have, so far as possible, a dispensary in a district which will be in relation to all the tuberculosis patients in that district. If that is in general agreement, then it would mean, I think, that a dispensary in a grouped area would be a somewhat more considerable institution than we should plan to provide in a small district.

(*Dr. Maguire.*) Will it be possible, Mr. Chairman, to make use of laboratories existing at the present time in such county boroughs as Belfast, Dublin, and Cork, instead of having separate laboratories which, in all probability, would be of a very small character, and not as efficiently equipped as laboratories in connection with the universities and schools of medicine.

(*Dr. Addison.*) I did not mean separate laboratories. I wanted to raise the point in order to get this cleared up, because it is intimately related to what we should decide as to the cost of the dispensaries. I quite agree with you it would be much better for a group of dispensaries to use a central laboratory.

(*Dr. Mearns Fraser.*) Of course, we have had a dispensary going at Portsmouth for some little time, as you know, and perhaps I might be useful as regards my experience there. Talking about the functions of the dispensary, the most essential function is that it should be curative—the treatment should be curative treatment and not preventive treatment by preventive measures, generally carried out at dispensaries. I think Dr. Niven will bear me out in the statement that the present health authorities employ health visitors, and, so far as they can, they investigate the houses and homes of the people, they try to get hold of the contacts and remove any insanitary condition or anything which is affecting the disease. I do not think you can put another dispensary in a borough—we are talking of a borough now—to carry out these regulations. If they are carried out at the same time by the local health authority, such a position would be absolutely ridiculous and lead to a great amount of overlapping and possibly friction between the two parties, so I should rather have been pleased to have seen it outside, first of all, the principle as to who the dispensary should be under.

(*Chairman.*) We have arranged to discuss that later.

(*Dr. Mearns Fraser.*) You have arranged to discuss that later. My reason for saying that the principal aim should be curative is this: that patients are not coming to a dispensary; you are not to expect them at all simply by telling them how to prevent the spread of the disease; you must have something to attract them there, and if they think you are going to cure them or do them good they are going to come regularly to the dispensary. But I can tell you there is not the least difficulty in Portsmouth where we hope there will be a number of them very successfully treated. They come twice a week for a month or two; some of them have been there for eight months straight on end without missing at all, there is no difficulty in getting them there.

(*Dr. Philip.*) How many per diem do you think?

(*Dr. Mearns Fraser.*) Well, the biggest number of patients we have seen in a day has been 78.

(*Chairman.*) Have been treated?

(*Dr. Mearns Fraser.*) Yes; seen actually at the dispensary.

(*Chairman.*) In one day?

(*Dr. Mearns Fraser.*) In one day.

(*Mr. Stafford.*) Could you give the average?

(*Dr. Mearns Fraser.*) The average would be about 50.

(*Dr. Newsholme.*) How many days a week, may I ask?

(*Dr. Mearns Fraser.*) It is open now every day a week. When we had one medical officer it was only open four days a week.

(*Chairman.*) Now, you have two?

(*Dr. Mearns Fraser.*) Now we have two medical officers.

(*Dr. Addison.*) Are they whole-time men?

(*Dr. Mearns Fraser.*) They are both whole-time men, a whole-time man and a whole-time woman. The chief doctor gets 300*l.* a year and the assistant there gets 250*l.*

(*Dr. Addison.*) And what is the population?

(*Dr. Mearns Fraser.*) 236,000, about.

(*Dr. McVail.*) Is it maintained voluntarily by subscription?

(*Dr. Mearns Fraser.*) Oh, no, it is municipal entirely.

(*Dr. Newsholme.*) Have you the beds at the dispensary or at the isolation hospital, or elsewhere?

(*Dr. Mearns Fraser.*) We have the beds at the small-pox hospital; it is not the same as at the dispensary, but for all purposes it is very much the same. It is a very short distance, about a couple of miles, from the dispensary to the hospital.

(*Dr. Philip.*) And have you any other beds besides those, or does that represent what beddage you have?

(*Dr. Mearns Fraser.*) That is all the beds in the municipality.

(*Dr. Newsholme.*) Are there any beds at Portsmouth provided by voluntary charity?

(*Dr. Mearns Fraser.*) No, not for tuberculosis. There are a few homes, but they hardly touch the working-class problem. We have these beds in connection with the dispensary. We started first of all without the beds. The reason we started without the beds was not that we did not give them beds where necessary, but when you are dealing, as some gentlemen here know, with an authority you have to go step by step. First get your dispensary and then get the thing added on to it, so that we should recognise the whole way through that beds are absolutely necessary in dispensary treatment.

(*Dr. Maguire.*) How many beds are there at the small-pox hospital?

(*Dr. Mearns Fraser.*) Eleven.

(*Dr. Latham.*) Are they under the control of your dispensary.

(*Dr. Mearns Fraser.*) Yes.

(*Chairman.*) You use those beds, not for observation; you use those for treatment?

(*Dr. Mearns Fraser.*) No. It is practically for observation. We have so few beds there. We want to make them go as far as possible, and we devote those beds to the use of patients who, when they come to the dispensary, are not in a fit state to attend very regularly for treatment, but who, if they are kept in bed under special consideration for four or five weeks, we hope will be enabled to attend daily. That is to say, we reckon we have three, four or five weeks at the hospital to one patient merely to enable him to recover to such an extent as to be treated at the dispensary from his home.

(*Chairman.*) Then your beds would really come in under the next Resolution? Dr. Paterson, as I understood it, proposed the beds for a few days' observation, did he not?

(*Dr. Mearns Fraser.*) Yes. Well, this is practically observation, only it is longer than three days. It is only a matter of degree.

(*Dr. Leslie Mackenzie.*) Do you, as a fact, have any cases that you do observe only for a few days?

(*Dr. Mearns Fraser.*) Oh, yes. Some patients are discharged in a fortnight.

(*Chairman.*) How many different people have you examined; do you know at all the total?

(*Dr. Mearns Fraser.*) At the dispensary?

(*Chairman.*) At the dispensary.

(*Dr. Mearns Fraser.*) Up to the end of December about 216.

(*Dr. Addison.*) How are you related to the general practitioners?

(*Dr. Mearns Fraser.*) We have got on with the general practitioners; there has been no friction at all. When we proposed having a dispensary there the medical men had a meeting. It was got up at the instigation of one or two practitioners who brought forward resolutions, which were to be passed at this meeting and submitted to the town council, advising that the town council should not have anything to do with the tuberculosis dispensary in the town. These resolutions were thoroughly discussed at the meeting of the medical men, and the result was an opposing

resolution, that is to say, a resolution not to interfere with the council at all. This resolution was passed with only one dissentient, so that you may say that the dispensary was established with the sanction, practically, of the medical profession in the town. Another phase occurred when we proposed appointing a second medical officer, and the medical men had a meeting and they decided to advise the council that if any further medical officers were required at the dispensary the work should be given to practitioners in the town who should be given certain sums—20*l.* a year—for one afternoon a week, to attend the dispensary. When this resolution from the medical profession came before the council, it did so at the same time that my recommendation to appoint another medical officer was considered, and they deferred the consideration and decided in the end to appoint a second medical officer on the grounds that the treatment there was special treatment, tubercular treatment, and tubercular treatment was not understood by every man in the town, and I said I could not rely on every general practitioner to carry it carefully through.

(*Dr. Addison.*) You could not rely on a selected few; half a dozen?

(*Dr. Mearns Fraser.*) I daresay you will appreciate the point, when it comes to a selected few. The medical officer is not a selected officer as a rule; it is done by a certain number of—well, other interests come in rather. If it had been left to me, possibly I might have agreed to that proposition.

(*Chairman.*) What is the annual death-rate from tuberculosis in Portsmouth?

(*Dr. Mearns Fraser.*) The annual death-rate is 10 per 10,000 population living.

(*Dr. Newsholme.*) It is 10·6 per 10,000.

(*Dr. Mearns Fraser.*) It has dropped 52 per cent. in the last 40 years.

(*Chairman.*) That is about 200 for Portsmouth?

(*Dr. Mearns Fraser.*) About 230 cases.

(*Chairman.*) And you have examined altogether 217 different people?

(*Dr. Mearns Fraser.*) No, that is in six months; 216.

(*Sir George Newman.*) How many of these have you cleared, and how many have you treated with tuberculin; cleared to other institutions, I mean?

(*Dr. Mearns Fraser.*) I am afraid I rather misunderstood you. There are 216 actually receiving treatment; there have been more examined.

(*Chairman.*) There have been more examined; how many, do you know?

(*Dr. Mearns Fraser.*) Well, the number on the list of applications to the end of December is 445. That is the number of names of people who applied.

(*Dr. Addison.*) During the past 12 months?

(*Dr. Mearns Fraser.*) In six months. 368 were examined and 291 proved to be tubercular. Of these figures, 445 were the number of applications, but they do not include all the applications, because since the dispensary was opened, after it had been opened for about a fortnight, the patients came with such a rush with only a single officer there, all the names could not be taken and there was a number of people we know who applied there, but seeing the waiting-rooms were full did not apply again, we heard.

(*Chairman.*) You say 291 proved to be tubercular; what proof do you adopt in Portsmouth?

(*Dr. Mearns Fraser.*) Of course, we do not rely absolutely on the physical signs, if you were going to say you will not accept any diagnosis as proved unless you get the tubercular bacillus; we should only claim about 63 or 65 per cent. of those.

(*Chairman.*) As high as that?

(*Dr. Mearns Fraser.*) As high as that. The probability is that a large number more had bacillus present, but you see the whole of the examinations had to be done there by the medical officer at the dispensary. I am talking of the examination of the sputum for the tubercular bacilli, and you can understand that in these patients only one or two examinations had been made of the sputum, and as you do not find the tubercle bacilli, the sputum, very fully till the fifth, sixth, or seventh examination, probably they had not the tubercle bacilli in a number of cases.

(*Chairman.*) Physical signs?

(*Dr. Mearns Fraser.*) Physical signs and the injection of tuberculin into them. As a matter of fact,

those who rely on the injection of tuberculin. Only eight cases have been treated, and those are cases, largely contact cases, in which the parents were affected and in which, although a child showed no definite sign, the general appearance seemed to indicate that it was tubercular. But we have not been able to see all these contact cases that we could wish, because we have had so many cases of actual open disease coming to the dispensary. If we had a staff there, we could treat four times the number, I should say, easily.

(*Sir George Newman.*) How far has your dispensary been used as a clearing-house?

(*Dr. Mearns Fraser.*) I do not quite know what you mean by a clearing-house.

(*Sir George Newman.*) How far have you used your dispensary to treat all the cases who have come, or how far have you used it as a distributing centre, as a clearing-house to take the case and say this is a sanatorium case, this is a case for a hospital, and so forth.

(*Dr. Mearns Fraser.*) We have seen the great majority of the cases have been treated at the dispensary.

(*Sir George Newman.*) With tuberculin?

(*Dr. Mearns Fraser.*) With tuberculin. There are some whom we have distributed in our own hospital in connection with the dispensary, and there is a certain number we have sent to sanatoria. The exact figures I cannot give you.

(*Dr. Addison.*) Have you any means of supervising their home treatment?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Addison.*) Or which you link up with the general practitioners in any way?

(*Dr. Mearns Fraser.*) We are linked up with their association in the town. I have a short report describing the whole of the work done at the dispensary. It is a report presented to the council up to the end of December. If members wish a copy, I will put it in their hands. That will give you an exact description of the hospital and one or two matters in connection with it. I may tell you the functions we have there in connection with the dispensary are the employment of trained nurse visitors, the assistance of voluntary workers, the visiting of contact cases, the provision of a hospital for advanced cases, the provision of open-air shelters, the issuing of pocket sputum flasks and spitting cups, the bacteriological examination of sputum for medical practitioners, the distribution of printed leaflets of advice, the disinfection of rooms, the giving of public lectures. Practically all that is dispensary. And then various auxiliary measures are carried out at the Public Health Department in connection with a dispensary. I find it quite impossible to separate the functions of the dispensary from those of the Public Health Department.

(*Dr. Addison.*) Now would you mind just telling me a little more about this. You see a contact; what is the precise mode? A general practitioner goes to see somebody. Now, does he send them to you or do they come to you voluntarily?

(*Dr. Mearns Fraser.*) No, about 60 per cent. of our patients come from medical men. Whether the patient comes to us from a medical man or whether he comes on his own account, the first thing that is done is that his home is visited by a trained nurse.

(*Dr. Addison.*) But wait a minute. I do not want to get to that; are these people sent to you destitute, or are they persons who would be insured persons?

(*Dr. Mearns Fraser.*) These would be mostly insured persons?

(*Dr. Addison.*) Then they are not sent to you because they are destitute; they are sent to you for skilled advice?

(*Dr. Mearns Fraser.*) That is so. There is a large number of club patients.

(*Dr. Addison.*) Supposing they come to you for skilled advice, you send them home with instructions. Do you instruct the general practitioner—advise him as to what to do, or anything?

(*Dr. Mearns Fraser.*) No. They are sent by the general practitioner to us to look after them. We look after them; we may communicate, and very

often do, with the general practitioner saying how the case is going on and tell him the result.

(*Dr. Newsholme.*) But they cease to be his patients for the time being?

(*Dr. Mearns Fraser.*) They cease to be his patients with his consent as a rule.

(*Chairman.*) Do you get doubtful cases sent for confirmation?

(*Dr. Mearns Fraser.*) For diagnosis?

(*Chairman.*) Yes, for diagnosis?

(*Dr. Mearns Fraser.*) Yes, we have had one or two, not many cases.

(*Dr. Addison.*) Then you are not able, say at present, to supervise the whole treatment under the charge of a general practitioner under your supervision?

(*Dr. Mearns Fraser.*) No. I think that will be impracticable. You will not get medical practitioners acting under the supervision of anyone in the town. The general practitioner in my view will never accept that view that he is acting under somebody else. The general practitioner has to assume, for the sake of his patients, he knows as much about the treatment as anybody else, probably more.

(*Dr. Addison.*) We are thinking of this sanatorium benefit. Do you suggest, in your opinion, it would not be practicable to more or less pay the general practitioner something for looking after a case of tuberculosis under the supervision if you like, or whatever word you like to use, of the tuberculosis medical officer; do you think that would not be practicable at all?

(*Dr. Mearns Fraser.*) I may say, in Sheffield, Dr. Chapman there is practically a consultant to the working-class doctors, and he very often by arrangement will see patients with medical men, and will give his skilled advice to the practitioner, so it is a useful arrangement. I do not know how far he does it; but he writes and tells me that he is now consultant to the working-class club doctors, and he sees patients by appointment with their medical men.

(*Dr. Newsholme.*) In my own experience, which goes over a dozen years in Brighton, I kept in close practical touch with the patients who had been in the sanatorium, and who had been subsequently treated at home, having frequent consultations with the practitioners, and arranging with them for the return of the patients to the sanatorium as required; and I had not, judging by a number of years past experience, any difficulty whatever in arranging an active co-operation between the tuberculosis medical officer and the private practitioner.

(*Dr. Addison.*) You think it could be arranged?

(*Dr. Newsholme.*) It has been done and is being done.

(*Dr. Niven.*) I quite agree, from my own experience.

(*Dr. Addison.*) May I ask one or two questions? You would say, that it is very important that the home life of the patient should be under supervision in consequence of something that happens when he comes to the dispensary?

(*Dr. Mearns Fraser.*) When the patient comes to the dispensary, he is at once visited at home.

(*Dr. Addison.*) By whom?

(*Dr. Mearns Fraser.*) By the health visitor.

(*Dr. Addison.*) That is a nurse, I suppose?

(*Dr. Mearns Fraser.*) A trained nurse.

(*Dr. Newsholme.*) Under your direction?

(*Dr. Mearns Fraser.*) Under my direction; attached to the dispensary.

(*Chairman.*) What is your staff of voluntary workers; how many nurses?

(*Dr. Mearns Fraser.*) These nurses are not voluntary; they are paid.

(*Chairman.*) They are paid?

(*Dr. Mearns Fraser.*) We have altogether five at the health department. Two of these devote their time mostly to the notification of births, one to midwives and jointly midwives and tuberculosis, and two solely to tuberculosis, so you have practically 2½.

(*Dr. Philip.*) They have been trained in the sanatorium?

(*Dr. Mearns Fraser.*) They are fully trained hospital nurses. One of them has been in a sanatorium, the other one has been in general wards.

(*Dr. Addison.*) What happens when they go to the patient's house?

(*Dr. Mearns Fraser.*) Then they get hold of the patient. Incidentally, under tuberculin treatment, the first thing is to see them to take the temperature properly.

(*Sir George Newman.*) These patients have come to you for treatment specifically. You are not, as medical officer of health, going to them; so that the beginning of the story is rather different, is it not? These patients have come to you for specific treatment voluntarily?

(*Dr. Mearns Fraser.*) Yes.

(*Sir George Newman.*) You have not received our notification, and then, in accordance with some bye-laws or powers of the municipality, going to their homes to endeavour to assist them; but they have come voluntarily themselves for specific treatment?

(*Dr. Mearns Fraser.*) Yes. Since the Notification Act has come into force for tuberculosis it will act the other way.

(*Sir George Newman.*) I agree; you are going to them, but they will not come to you voluntarily under the different basis.

(*Dr. Mearns Fraser.*) Yes.

(*Sir George Newman.*) While there is still the same basis they come voluntarily?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Addison.*) You say that; but are you to send?

(*Dr. Mearns Fraser.*) The municipality.

(*Dr. Addison.*) You said, "We shall go," but whom do you mean by "we"—the health visitors?

(*Dr. Mearns Fraser.*) Some member of the staff.

(*Dr. Addison.*) Now they will not be able to diagnose contacts: what will they do with the contacts?

(*Dr. Mearns Fraser.*) A trained nurse will be able to say when any patient is obviously suffering from tuberculosis; she will be able to pick out the weakly members of the family and get them to come to the dispensary to be examined. That is really what it amounts to. The nurse is not trained to examine them medically, of course.

(*Dr. McVail.*) With regard to domiciliary attendance by the medical men on the panel under the Insurance Act—assuming that there is a panel—I gather from your reply to Dr. Addison that you thought these medical men would not in any degree be willing to act under the supervision of the tuberculosis officer; but then Dr. Addison asked you would the situation be altered if the medical men were paid for such action out of the sanatorium benefit fund. Do you not think they would be influenced by the fact that they were employed and paid?

(*Dr. Mearns Fraser.*) Yes. I was not answering the question of Dr. Addison on any point under the Insurance Act; I was answering him in respect to the practitioners.

(*Dr. McVail.*) But assuming for the moment that general practitioners were employed for sanatorium work in a statutory sense, including compulsory attendance on tuberculosis cases.

(*Dr. Mearns Fraser.*) I do not think it is practicable. They would attend if they were paid for it. I do not think it is practicable, because you have got special tuberculin treatment, which is the principal part of our treatment, and I do not think the general practitioner who goes on the panel—there is no guarantee that these medical men will be able to treat tuberculosis.

(*Dr. McVail.*) Yes, but suppose it was general pulmonary phthisis of bones and joints, and so forth?

(*Dr. Mearns Fraser.*) You think he will be able to treat that better than chronic tuberculosis?

(*Dr. McVail.*) The question is, would the general medical practitioner, who is likely to be taking part in the attendance on insured persons, be willing to act under the guidance of the tuberculosis medical officer in suitable cases, provided he regarded himself as for that purpose on the staff, and as paid for that work?

(*Dr. Mearns Fraser.*) I daresay he might.

(*Sir George Newman.*) Let me put the point to you in this way. Supposing you as medical officer of health received notifications, voluntary or otherwise, of cases of tuberculosis in Portsmouth, and you went round to visit them, and aided and abetted the operations of the

general practitioner, you would not come athwart the general practitioner? Let me take an example of my own in Finsbury. For seven or eight years I visited a large number of phthisis cases voluntarily. I never had the slightest difficulty with the seventy or eighty general practitioners in Finsbury. But if, on the other hand, I had gone voluntarily to the patient, or the patient had come to me to treat him, I would have been in a different position as regards these general practitioners. Would you explain your position on that point. Is your difficulty with general practitioners because of the difficulty of the centre of gravity to the whole? You were not going there to help a patient disinfect and give a little friendly advice and seek out contacts; but you are in the position of actually taking the job of the general practitioner: you are treating the case. Now is that the issue that leads to your difficulties with the general practitioner?

(*Dr. Mearns Fraser.*) No. We have not taken any of the general practitioner's patients to our knowledge the whole time; we will not take them; it is not that.

(*Sir George Newman.*) But I thought you said 60 per cent. of your cases were sent by the general practitioners?

(*Dr. Mearns Fraser.*) Yes.

(*Sir George Newman.*) Are they not sent by those gentlemen for treatment by you?

(*Dr. Mearns Fraser.*) Yes. When I say we do not take them, I mean we do not take them against the general practitioner's will.

(*Sir George Newman.*) I entirely accept that. They do, in fact, come to you for specific treatment which has not been given by the general practitioner?

(*Dr. Mearns Fraser.*) That is so.

(*Sir George Newman.*) Now is it that point which raises your difficulty with the general practitioner?

(*Dr. Mearns Fraser.*) No. My difficulty with the general practitioner is that he does not give the tuberculin treatment.

(*Sir George Newman.*) Or otherwise you cannot trust him to give it: is that it?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Latham.*) You found you were able to act with the general practitioner so far as ordinary treatment, apart from the specific treatment?

(*Dr. Mearns Fraser.*) Act with them in the way of prevention, you mean?

(*Dr. Latham.*) And other forms of treatment besides tuberculin treatment. I understand your difficulty is tuberculin treatment.

(*Sir George Newman.*) Yes, I think that is the point—where the difficulty with the general practitioner has arisen, because you are in some form or other treating the case as distinct from the general preventive operations of an active and alert medical officer of health.

(*Dr. Mearns Fraser.*) It is rather difficult; I did not quite grasp your point.

(*Sir George Newman.*) Dr. Niven, Dr. Newsholme, and I, in a smaller corner of the world, carried out the sort of work that you have been doing also with regard to the prevention of tuberculosis, and, speaking for myself, and apparently Dr. Niven and Dr. Newsholme have had the same experience, there was no difficulty with the private practitioner. I used to have meetings with the private practitioners in my own room, and there was quite a pleasant and amicable and progressive co-operation between us. Now, I rather understood when you were speaking just now that you had had difficulty; that you thought there was difficulty between the tuberculosis medical officer, which is the position you are really in there as well as being medical officer of health, and the private practitioner.

(*Dr. Mearns Fraser.*) No, there is not the least difficulty in the world. I have not come across a difficulty at all; there is not the least difficulty in preventing by preventive measures with any private practitioner in any town; not a single medical man would object to my going to his private patients.

(*Sir George Newman.*) How about a therapeutic?

(*Dr. Mearns Fraser.*) When you come on to treatment, I do not care what your treatment is, you will very likely fall foul of the general practitioner: that is my view.

(*Sir George Newman.*) I think he is perfectly right; I think you will have to make it perfectly clear that you were acting under the instructions of the private practitioner. You have to save his amour propre at every turn. One does that; you could not carry on your administration without it.

(*Dr. Leslie Mackenzie.*) That equally applies to every form of dispensary—not exclusively to a preventive dispensary.

(*Sir George Newman.*) Yes; you see how that arises out of what he says.

(*Dr. Addison.*) I take it that a good many of these patients are club patients?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Addison.*) Within general limits it is to the interests of the general practitioner if he sends on to you. He has not to bother about them, I mean?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Addison.*) Suppose he were paid apart from his being the medical man under sanatorium benefit. Suppose he were paid for doing something in association with you and, as Dr. Niven says, he would no doubt do it so as to be no bother to himself in every possible way and all that—but supposing he were paid for looking after these people in consultation with you, do you think the same difficulty then would arise?

(*Dr. Mearns Fraser.*) Then you get the question of treatment altogether.

(*Dr. Addison.*) Yes, I mean treatment.

(*Dr. Mearns Fraser.*) There must be somebody who is to have the say as to what the treatment is to be; is it to be the selected medical officer or the general practitioner?

(*Dr. Addison.*) It is to be the selected medical officer.

(*Dr. Mearns Fraser.*) If the general practitioner is to recognise that he is to be under the selected medical officer and must follow out what he says, I do not see that any difficulty would arise: the position would be settled there.

(*Dr. Smith Whitaker.*) I think we are coming now to the point which seems to me practically looking to the future of the Insurance Act. We start from the position that in old days the club patients, who are only about one-third of the people you have under the Insurance Act, have been handed over by the general practitioner very cheerfully to the tuberculosis dispensary for reasons that I need not go into; but when it comes to a question of three times that number, many of whom are at present the private practitioner's own patients, certainly from our point of view we have got to look out for possible trouble, and the question is, how that trouble is going to be avoided, and I rather hoped it might be avoided by what I think Dr. Addison and Sir George Newman have been feeling their way to. Whatever the form of treatment is, have we not all to look to the general practitioner as the person who is going to treat a very large proportion of the community and to be, as it were, the first line of defence of the community, and if we can by drawing him into the whole scheme of treatment improve his efficiency in that way alone, it would work. And it has rather occurred to some of us that you might get the general practitioners to take part in the work of the tuberculosis dispensary, where they would be assistants, and I think would willingly accept the position. They know they are not experts and they would be glad occasionally to look upon it as a form of post-graduate work, to come and take part in the work of dispensary, getting instruction there and practice in the latest modes of diagnosis and treatment, and also to co-operate in the treatment of patients at their homes. I was very much struck when Dr. Mearns Fraser was speaking of the nurses here. You have these health visitors and nurses and people employed to do work which, if the general practitioner were more efficient and better trained, you might be able to save money upon, by getting him to do part of that work for you and to co-operate with you.

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Smith Whitaker.*) And I think he would accept the position. If you use "supervision" or "control," then of course you are in difficulties; but if you take the position that he is looking to the head of the tuberculosis dispensary in the light of a consultant who

comes to help him with a tuberculous case in the same way as he might call in a consulting physician or surgeon to help him with any other kind of case, I think there would be no difficulty in the position.

(*Dr. Philip.*) I should like to say we have already experimented in that line that Dr. Smith Whitaker has spoken of. We have four practitioners who are assistants; three of them receive 45*l.* per annum; one of them receives some 90*l.* per annum, and they take all their instructions from the honorary staff, and they visit in the homes, &c., and there is no doubt about their carrying on their co-operation.

(*Chairman.*) They come to you one day a week, and that sort of thing.

(*Dr. Philip.*) Yes, that sort of thing; and they have each a division of the city. There are three divisions of the city and each man has one division.

(*Chairman.*) Do they cease to be private practitioners; for the moment they are dispensary medical officers, are they not?

(*Dr. Philip.*) They are.

(*Dr. Addison.*) And do they see the general practitioners in attendance on any of these patients?

(*Dr. Philip.*) In some cases they do. That is a feature. I was going to come to that point. We have found that the general practitioner comes a good deal now to the dispensary for guidance himself; so that I feel that the position that Dr. Addison has adumbrated as possible under the Insurance Act is feasible. The general practitioner comes a great deal for advice to the dispensary and welcomes very gladly an informal consultation regarding his cases.

(*Sir George Newman.*) When I visited your dispensary I think I got the impression—I should like it either corrected or confirmed—that the physicians who were assisting you were not handling their own patients. Edinburgh is a large city and you have got three or four young consultants, young men of ability, and so on, round you, whom you were paying well as you have described; but they were not men who were handling these same cases in their own private practice; these identical patients. They were men with practices from Dan to Beersheba.

(*Dr. Philip.*) That would be so.

(*Sir George Newman.*) So that in a small county borough the thing you are now advocating would raise its own peculiar difficulties; you would get the general practitioner handling the case under the tuberculosis medical officer, and in handling that case he would be dealing with his own private practice in a little town.

(*Dr. Philip.*) Yes, I quite follow you.

(*Dr. Bardswell.*) I think, sir, it would be a great mistake to have part-time officers and pay them. I think every man should have some opportunity at his disposal of tuberculin treatment. I think the basis of any big scheme in a tuberculous sense must rest with the general practitioner. I think it is our interest that he should learn tuberculin treatment and all about it, and every man should be encouraged to come to the dispensary. If you only pay one or two of them, selected men from the town, the others cannot come; it puts others in an invidious position. I think the dispenser should be a consulting physician to all of them; they should all be encouraged to come.

(*Dr. Mearns Fraser.*) At Portsmouth the private practitioners come very freely.

(*Chairman.*) Before we leave Dr. Mearns Fraser, can we ask him if he has any more points he would like to put before us?

(*Dr. Mearns Fraser.*) There is the question of the voluntary care committee in connection with the dispensary, which is rather an important point; I do not know whether it is the time to discuss it. We have had a committee of ladies and gentlemen who represent every charity in the town; one representative from each charity, and that forms the voluntary care committee; they meet at the dispensary every Tuesday. Then the medical officer brings forward the names of any patients who need some help besides treatment; some other form of treatment—food, clothes, better employment, rest, sanatorium treatment, general hospital treatment, perhaps some other complications as the case may be. And as we have every charitable institution and every organisation in the town represented on our committee, we have not the least

difficulty in getting this patient dealt with by one or other of these associations. It may be the Charity Organisation or the Personal Service League, or the Soldiers' and Sailors' Society or the parish church; one of them will take up the case and deal with it. That is one point in connection with it. I do not, at the present moment, think of anything else, sir, in connection with this, that I would like to mention; something may occur in the discussion probably.

(*Mr. Stafford.*) So do you think medical practitioners would send you cases of tuberculosis to treat if you are not using tuberculine very freely; is not that the real reason that they are sent to you?

(*Dr. Mearns Fraser.*) That is the real reason, but they would send club patients. I think they would under present conditions.

(*Mr. Stafford.*) Independent of the fact that you are carrying out a special treatment?

(*Dr. Mearns Fraser.*) I do not think it depends entirely on that. The fact that we are carrying out a special treatment accounts for many patients. It is to the interest of the club doctor to get rid of them; he gets paid just the same.

(*Dr. Niven.*) Of course, all these observations apply equally to the out-patient department of the consultant hospital as they do to a dispensary or to the out-patient department of any important general hospital.

(*Dr. Mearns Fraser.*) There is one essential difference between an out-patient department in management. Every patient who comes to the dispensary has a time, a quarter of an hour, to come to the dispensary; he is never kept above that. Those people who go to a general hospital may have to wait all day without seeing anybody till very late. A lot of our patients are at work; it would never do to keep them waiting an hour or two. If they come there they are seen in a minute.

(*Dr. Niven.*) Of course, you can manage that. I was not thinking of that. I was thinking of the instruction of the general practitioner, assisting him to acquire the necessary skill.

(*Dr. Mearns Fraser.*) Yes, that is so.

(*Dr. McVail.*) Is not part of Dr. Mearns Fraser's difficulty with regard to the general practitioner's place in any general scheme? Is it to any extent because Dr. Mearns Fraser doubts that the general practitioner could be relied on to carry out the special tuberculin treatment on thoroughly satisfactory lines?

(*Dr. Mearns Fraser.*) That is so, undoubtedly; but one does not like to publicly say the general practitioner cannot use a certain drug, but they have not been trained in this tuberculin, and anybody who knows anything about tuberculin will support me on that point.

(*Dr. McVail.*) So you would like to exercise very close supervision over the general practitioner on any work that he might do, and therefore you are doubtful whether he would accept so much supervision as you might think it necessary to give him in following out the tuberculin treatment?

(*Dr. Mearns Fraser.*) That is so.

(*Dr. Philip.*) Do you invite the general practitioners to come and see you give tuberculin?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Philip.*) Do you train them in any way?

(*Dr. Mearns Fraser.*) Well, they are trained. They can ask any question and be told anything they want to know, but we have not got a special class.

(*Dr. Philip.*) One of the most important aspects of a dispensary is the training of the men throughout the country.

(*Chairman.*) If they require instruction you can give it to them?

(*Dr. Mearns Fraser.*) Yes, certainly.

(*Mr. Stafford.*) But do they use this tuberculin; surely the ordinary medical practitioner in Portsmouth does not use the tuberculin?

(*Dr. Mearns Fraser.*) Some of the eight use it in their practice; they have watched it in dispensary cases.

(*Mr. Stafford.*) It requires very great care in administration.

(*Dr. Mearns Fraser.*) It does require a considerable amount of care. It is not beyond the power of anyone in a short time to administer it.

(*Dr. Latham.*) We may take it that five years ago no general practitioner in the country used it.

(*Dr. Mearns Fraser.*) No. Tuberculin is absolutely downed by the 1891 results. Everybody was scared about giving it.

(*Dr. Niven.*) You do consider, Dr. Mearns Fraser, that the general practitioners with a little trouble could be trained to carry out the treatment?

(*Dr. Mearns Fraser.*) I believe they could.

(*Dr. Meredith Richards.*) During the last ten years a certain amount of treatment of ordinary infectious diseases has been carried out by general practitioners under the supervision of the medical officer of health, but we know by experience that we had to select the general practitioners. You could not ask every man in the town to do that. I suppose the same thing would be necessary for sanatorium benefit, a special panel of men competent for sanatorium benefit aid in the homes of the patients?

(*Dr. Paterson.*) With regard to the administration of tuberculin by general practitioners, I spent a week at Portsmouth. I know something of the work at Dr. Mearns Fraser's dispensary, and he has two doctors there who both seemed to understand the administration of tuberculin. I may tell you that they have anxious moments; so I mean it is not so easy as that you can teach people in a week or two.

(*Dr. Addison.*) But I take it, if the general practitioner were paid under the sanatorium benefit for looking after the domestic life of these patients in consultation with the tuberculosis officer, you would not anticipate the same difficulty then?

(*Dr. Mearns Fraser.*) I would not anticipate considerable difficulty in that case, sir, because the general impression of the medical profession now is one of distrust of tuberculin.

(*Dr. Mearns Fraser.*) General treatment?

(*Dr. Addison.*) The general treatment of these people; what they do at home. People sleeping in stuffy rooms, and their diet, which is very important.

(*Dr. Mearns Fraser.*) That is all done by the health department at present; you do not need any insurance doctor to do that.

(*Dr. Addison.*) You do not suggest that in your health department you can keep in touch with all your patients like that?

(*Dr. Mearns Fraser.*) I think every department should have a sufficient staff to do that.

(*Dr. Addison.*) With all the tuberculosis inhabitants of Portsmouth that their domestic life and so on could be regulated. You surely think it would be desirable to get the private practitioner to handle that, do you not?

(*Dr. Mearns Fraser.*) I do not think so; I think the Public Health Department staff will do that.

(*Dr. Addison.*) We must be at cross purposes; what do you mean?

(*Dr. Mearns Fraser.*) I should not be surprised. Why should they not now? Do you mean because they are too large a number? I am not touching about treatment merely, but about prevention.

(*Dr. Addison.*) I am speaking about the men's home life.

(*Dr. Newsholme.*) If you ask Dr. Mearns Fraser whether he was referring to what he does as the result of notifications, perhaps it could be cleared up. Was there not some confusion between that and the dispensary?

(*Dr. Addison.*) It is not quite evident.

(*Dr. Mearns Fraser.*) Would you put your question again?

(*Dr. Addison.*) How many visitors have you got; you have got two visitors to look after all tuberculosis persons?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Addison.*) How many tuberculosis persons do you think there are?

(*Dr. Mearns Fraser.*) How many persons suffering from consumption?

(*Dr. Addison.*) Yes. What do you do when you receive a notification of tuberculosis?

(*Dr. Mearns Fraser.*) These are not always visited as the staff is not big enough. I very much hope the staff will be made big enough.

(*Dr. Addison.*) Multiply your deaths by three, would be a moderate estimate?

(*Dr. Mearns Fraser.*) It is quite a moderate estimate.

(*Dr. Addison.*) Do you mean that the home life and diet, and conditions of sleeping, cleanliness, and all the rest of it can be supervised by health visitors adequately?

(*Dr. Mearns Fraser.*) I do not quite know what it means, supervising the home life.

(*Dr. Addison.*) Such as it would be supervised by an intelligent general practitioner in attendance; that is what you mean. I want to link up the general practitioner looking after the patient in his home with you, and you are suggesting that this necessary work can be done by a health visitor?

(*Dr. Mearns Fraser.*) It is not a medical man's place to do it, and very often he is not capable of doing it, giving the proper advice; unless he has special training in tuberculosis, he is not capable.

(*Dr. Smith Whitaker.*) What Dr. Mearns Fraser, I understand, means is that if you take a fairly intelligent hospital nurse and put her under Dr. Mearns Fraser's training, she is much more competent to carry out this supervision than a medical practitioner, trained as medical practitioners are at the present time. Whatever reflection that may be on our existing medical examining boards, the General Medical Council and so on, he thinks a nurse who has had a nurse's training, and the additional training such as Dr. Mearns Fraser can give her in his dispensary, is a more suitable person to supervise than a general medical practitioner?

(*Dr. Mearns Fraser.*) Yes, not because she is more suitable, but the whole thing is linked up to act better. I would never have general practitioners acting in the same way as did nurses.

(*Dr. Addison.*) It is not a question of training, it is a question of intelligence. Is the medical practitioner more competent to tell the man how he ought to sleep and wash, and what he ought to eat, and all that kind of thing so as to improve his health?

(*Dr. Mearns Fraser.*) I do not suggest the nurse could advise treatment.

(*Dr. Newsholme.*) I suggest it is not a question of intelligence really; it is a question of taking trouble, and the general medical practitioner will not take the trouble.

(*Dr. Niven.*) It is a question of time; the practitioner has not time to do it.

(*Dr. Latham.*) You also raise the question, when you say the general practitioner will not take the trouble, whether the medical officer of health will take the trouble. That is his business. At the Brompton Hospital we had some years ago an arrangement for voluntary notification of all the patients who were willing to be notified. Dr. Newsholme and Sir Shirley Murphy and I attended the committee, and we arranged that all the notifications should go through Sir Shirley Murphy's central office, and be distributed to the medical officers of health in the metropolitan area. The contacts were to be seen and the medical officer of health was to have the opportunity of sending contacts up to the hospital for diagnosis or for treatment. We had that enforced for three years, and we had seven cases sent up to us by the medical officer of health in the metropolitan area. I have come to the conclusion very often that the medical officer of health at present in certain districts will not take the trouble, any more than general practitioners.

(*Dr. Newsholme.*) I am sorry to say that is true about a good number of medical officers of health as revealed by the failure of that scheme.

(*Dr. Niven.*) Of course they may be quite wrong, but we might really consider that the patients receive quite as good treatment from them as they would get from Brompton Hospital; it is quite conceivable.

(*Dr. Addison.*) For instance, in my own constituency there are 115,000 persons and there is one health officer; you have only to state the fact.

(*Dr. Leslie Mackenzie.*) The whole conception of "health visitor" is only three or four years old; it is only at the beginning, but I was going to ask you this: Do you contemplate as a part of the general practitioner's normal practice it should be his business to do the work that we are now specialising outside in the form of work of nurses and health visitors? Do you

suggest that as part of the work under the insurance scheme, a private practitioner shall spend his time, I do not say waste his time (it would not be wasted), in doing the work which we are now training special health visitors and nurses to do; because Dr. Niven has raised the question it is impossible with the number of cases which would be thrown on to any general practitioner for him to find the time necessary to do so. I have no doubt many private practitioners do precisely what you have indicated, but a great many of them really have neither the time nor the ability to do it, and as I look at it the position of Dr. Mearns Fraser and others who were working on the same lines, both rural and urban, is that those health visitors are rarely supplementing the private practitioner to the extent that in many cases the private practitioner asks them to go and visit patients. "Now I have ordered such and such for that patient; will you go and see." Our system of district nursing in Scotland is worked on those lines right through the whole of Scotland, and it is not a substitute for the private practitioner; it is a most important adjunct. It saves his time, and at the same time it is putting a public officer at his disposal. I think that is really what is in Dr. Mearns Fraser's mind, that is how, personally I should wish to work that department. On the other hand, a question of cost to the general practitioner arises. It is suggested that the private practitioner should be specially paid out of the sanatorium benefit fund for that work. That is a simple thing to do; but the amount of work that the general practitioner would have to do would certainly tend to preclude his doing the detailed educational work in individual cases that you contemplate. I think on the contrary that the staff of health visitors and trained nurses should be increased in the municipalities or other organisations so that every private practitioner might feel that when he has ordered certain things to be done, or given advice in a house, he would have the enforcement through these officers and have the assistance of these officers in enforcing it. To that extent I am entirely with you.

(*Dr. Addison.*) The functions of medical officers are very different from those of the general practitioner. They are a very necessary addition. I agree with every word you say about that; but the only point here is that it is very essential I think for the well-being of the patients as well as the education of the general medical practitioners that as far as possible we should bring them into association with this expert of the dispensary, because otherwise as in the case of club members they simply try and pack them on to the dispensary and leave it to their visitation or whatever treatment they get there and afterwards to the visits of the health visitor. It must be better for the whole system if we could get the general practitioner to visit the patient twice a week or whatever it is to give his general instructions. If they are not carried out then he can report it, and the health visitor will see they are carried out.

(*Dr. Leslie Mackenzie.*) Will not a general practitioner be in attendance in the ordinary course of his practice?

(*Dr. Newsholme.*) Not exactly. These are club patients and he hands them over to the dispensary and he lets go the case.

(*Dr. Bardswell.*) Do you suggest they can be paid so much under the Insurance Act for every patient?

(*Dr. Smith Whitaker.*) The payment under the Insurance Act would be this sanatorium benefit and medical benefit, cases of course from an entirely different fund. Whatever payment he gets for ordinary treatment comes out of the general medical benefit fund. As soon as the patient is recommended, to use a technical phrase, for sanatorium benefit, then the cost of the treatment comes out of the sanatorium benefit fund and the payment for that would be additional. If the patient is recommended for sanatorium benefit, sanatorium benefit being independent of medical benefit, the case would cease to be a case for medical benefit; it would not be part of his duties. Of course, you must not assume necessarily that he would be paid under the medical benefit; he may be paid fees for attendance under that head, so we must not assume there will be any contrary system at all in the whole position. It does seem to me that we have

to adjust our minds to a new focus for the scheme under the Insurance Act. In the past you had the private practitioner treat some patients and the club doctor—he may possibly be the same man but in another capacity—treat others; and I gather from Dr. Mearns Fraser that the majority of his cases have come from the club doctors. On the general question one agrees with Dr. Mackenzie that there will be important duties for health visitors and people of that kind to do, and you do not want to spend the valuable time of the medical practitioner doing that work which a less highly-paid person can do equally well. But on the other hand, listening to Dr. Mearns Fraser, one did think that his scheme tended to leave the private practitioner out of account altogether, and I think looking broadly at this matter you must try to devise a scheme that will bring him into hearty co-operation. You have him on the spot; you have him treat the people for all their diseases, and if you can get his hearty co-operation I think you will both save expense and increase efficiency.

(*Dr. Niven.*) Quite.

(*Dr. Smith Whitaker.*) And therefore one quite appreciates that from the medical officer of health's point of view as an organiser it is so much easier to have a number of people to whom he can say, "You go there," and do that instead of working with people who are private practitioners and are independent of him and whose susceptibilities he may have to consider at every time. It is a much more difficult type of organisation to work by co-operation than to work simply by giving instructions to people who are under your direct orders. But one feels that somehow or other that difficulty has to be overcome.

(*Dr. Niven.*) Of course you could not do the work at all unless you co-operated with the medical officers?

(*Dr. Meredith Richards.*) Would not this meet it, if one had a separate panel for men who were competent to carry out sanatorium benefit, trained as assistants at the clinic and trained for preventive work?

(*Dr. Smith Whitaker.*) I think something of that kind might be; give the men an opportunity of coming on the staff of the clinics in order to benefit themselves by that special experience.

(*Dr. Newsholme.*) Preference being given always to those who had gained experience in a clinic.

(*Dr. McVail.*) Would the effect of that be this, that the same insured person would be on the panel for ordinary medical attendance under one practitioner and for tuberculosis attendance under the panel of another?

(*Dr. Smith Whitaker.*) That would be impracticable if it were for home treatment.

(*Dr. Addison.*) It would be open to all the men on the panel.

(*Dr. Latham.*) Then, you raise a great difficulty, that a large proportion of the general practitioners are incompetent both from the point of view of diagnosis and from the point of view of treatment, and not only incompetent, but horribly incompetent. In the cases you see as a referee in any of these charitable institutions, the patients die before they get to the doorstep—that is quite a common thing. The diagnosis of some general practitioners is appalling, and one has to consider the interests of the patients as well as the interests of the general practitioners.

(*Dr. Smith Whitaker.*) In anything I have said I have not considered the interests of the general practitioners except so far as those are the interests of the patients. My feeling is that that state of ignorance of the private practitioners reflects very seriously on our profession. You never criticise the individual, you can only criticise the system that produces that kind of individual, and it seems to me we have to try to develop a system which will remove that reproach from the profession.

(*Dr. Jane Walker.*) It is bad education.

(*Dr. Smith Whitaker.*) It is bad education.

(*Dr. Niven.*) I am not at all clear that it is bad education. These gentlemen are trained in public health. They are all trained in public health at the university before they take their degrees. They know the principles and they know the right thing in practice; but when they go in for practice their energies are taken up with treatment and that drops off from them. They do not retain it. It does not

enter into their lives, except a limited number, to give any instruction in sanitary matters, and it ceases to be any part of their being, so to speak. I think that is the real point—that they give their whole energies to treatment.

(*Chairman.*) But surely Dr. Latham's point was that they did not get sufficient instruction in treatment and diagnosis.

(*Dr. Jane Walker.*) They do not know how to examine the chest, a large number of them.

(*Dr. Niven.*) That is another matter.

(*Dr. Latham.*) The ordinary man who goes to a hospital in London and elsewhere gets no opportunity to learn the diagnosis of pulmonary tuberculosis because they are trained up in a general hospital. Perhaps one man in fifty goes to a special hospital to learn that business, and naturally when he goes into practice he may have great difficulty in doing it. Take my own case. When I was an assistant physician at Brompton Hospital it was a good 18 months before I felt I was competent to diagnose a case of consumption; it is such a difficult business. The treatment also is rather a special thing. It is very difficult to conceive that a general practitioner is really going to be competent to diagnose tuberculosis in its early stages if he is to rely on symptoms, or to be good at treatment unless he is under very close supervision all the time.

(*Dr. McVail.*) With regard to diagnosis we are proposing under this scheme that he shall have the benefit of consultation, and surely his education is sufficient to allow him to become a spoke in a wheel of the whole system of the prevention of tuberculosis, subject to the advantage he would have in such consultation?

(*Dr. Latham.*) I quite agree, provided it is understood he is under direction, and provided that some arrangement is made under this Act for his further education—compulsory attendance at these hospitals.

(*Dr. Philip.*) That is really why, in the opening statement, I pressed so hard for that.

(*Chairman.*) May I ask what your experience has been in Edinburgh in connection with the general practitioner? Is he given more and more to sending cases for diagnosis, or for confirmation, to you?

(*Dr. Philip.*) More and more, and we never have had any trouble with the general practitioner. He comes confidentially and asks regarding every point, every variety of point.

(*Chairman.*) Then as a general rule you diagnose, or confirm his diagnosis, and then return the patient to him?

(*Dr. Philip.*) Always.

(*Dr. Bardswell.*) The profession have an opportunity of meeting the expert, if he really is an expert, at the dispensary. Dr. Latham says he has an expert there.

(*Dr. Latham.*) I did not want to call in the expert at the end. Constantly I see cases that I should have liked to have seen two years ago. I want the expert to be there at the start and not to wait till the main chance is gone before you call him in.

(*Dr. Philip.*) If he attends for some months such an institution, at the end of six months' time he is able to diagnose. In fact my experience is that he begins to diagnose cases almost before they exist.

(*Dr. Paterson.*) My experience of the working classes is this, that what Dr. Latham has said is quite true. You get them coming along when they are past hope, and also that it is to the advantage of the general practitioner to stick to his patient to get as much out of him as he can and then when he has got nothing left they shunt them on to the hospital, so that they come in to us when they are much more advanced than we care to have them. That is only human nature.

(*Dr. Addison.*) That incentive will cease under the Insurance Act.

(*Dr. Newsholme.*) May I point out also that under the compulsory notification in England and Wales the position is entirely altered. Every notified case will have to be visited by the medical officer or an officer acting under his direction, and one of the duties of the medical officer of health in making that visit will be not only to see that the patient is nursed and treated under proper conditions, but also to take all the necessary steps for the detection of any other cases of hitherto

undetected tuberculosis in that house, so that that position of improper unsatisfactory treatment must to a large extent cease in the immediate future.

(*Dr. Latham.*) Provided you get notification; they may not notify the cases.

(*Dr. Newsholme.*) That is true. You may get some belated notification in the first case, but at any rate you get the advantage you had not before as to contacts, that all cases are looked up at an earlier date than they would have been.

(*Chairman.*) May I ask, Dr. Philip, what your experience has been in connection with club patients, of the self-insured patients?

(*Dr. Philip.*) A very large proportion of persons coming to the dispensary are club patients, and they are either sent directly by the doctor, or coming as a club patient behind the doctor's back they are sent back to the doctor by us with a letter.

(*Dr. Leslie Mackenzie.*) I may mention, sir, that in the case of Greenock the medical officer of health, acting under the local authority, works a dispensary much on the same lines as Dr. Mearns Fraser, a tuberculin general dispensary, and he systematically visits three families a week. It is a town of about 80,000, and all the patients that come to the dispensary he examines there—all the contacts—and in that way he has assured me that he has discovered a considerable number in the earlier stages that come to the dispensary and they are being treated with great success. That is actually in operation under the municipality of Greenock. He is a medical officer in private practice and has a large practice of his own, but he has found no difficulty with the medical men, and he does that systematically.

(*Chairman.*) He is not a whole-time officer?

(*Dr. Leslie Mackenzie.*) He is not a whole-time officer, but that is a mere accident in that particular case.

(*Dr. Philip.*) It is an accident in favour of the patient in this sense, that presumably he is more of a clinician. One of the peculiar difficulties in relation to what Dr. Newsholme has said is this: who is the medical officer who is going to examine the contacts from Dr. Newsholme's office? I am assuming Dr. Newsholme is for the time being a medical officer of health. Is he a man who is trained in clinical methods at all?

(*Dr. Newsholme.*) That is perfectly clear from my statement; he is an expert tuberculosis officer, as a rule, under the medical officer himself.

(*Dr. Leslie Mackenzie.*) I did not see any real difficulty in Dr. Philip's point there, because in every case where the medical officer is responsible, for example, for other infectious diseases such as diphtheria, typhoid fever, and so on, his work is either clinically done by himself, and he becomes and is an expert in infectious diseases, or the specialist work is done by an assistant skilled in the special work. For example, all our fever hospitals are under the superintendence of skilled men like the medical officer. In the special fever hospital in Edinburgh and the corresponding hospital in Glasgow, they are all experts in their particular line of work, and I see no difficulty in doing the same thing with tuberculosis under the medical officer. Where the medical officer of health takes that on, he is just as good an expert as anybody else, although mainly in a large place his work would be administrative. I do not see any real difficulty there.

(*Dr. Smith Whitaker.*) There is one point, sir, I should like to be perfectly clear on. I do not suggest for a moment you cannot make a general practitioner an expert. If he becomes an expert he ceases to be a general practitioner. What we have to aim at is the general practitioner in the general scheme, and it seems to me I do not think the general practitioner ought to be able to discharge under any scheme of the kind. I am not saying that he is not competent to act as an expert, but I do not think the general practitioner ought to be looked to to discharge, and I think the reason is the practically obvious one which has been pointed out both by Dr. Niven and Dr. Latham, that in the past the general tendencies of his work, his position in the community, have not given him the facilities or not encouraged him to avail himself of such facilities as might exist for keeping himself up in

this particular branch, and I think if you can enlist his co-operation in the work of the tuberculosis dispensary you can make him more competent, not to be an expert diagnostician—I do not think you should over-encourage him to think he is going to be an expert diagnostician—I think the diagnosis of a doubtful case ought to be left solely to his own judgment—but sufficiently competent to know a case on which he ought to get other advice, and sufficiently competent as regards the treatment to carry out, such treatment as inevitably under any system must be carried out in the homes of the patients. You will never quite provide for all treatment in the institutions economically, and on the grounds of efficiency some treatment must be done in the homes of the patients, and to do that treatment the general practitioner must be more competent, I suggest, than the average general practitioner is to-day. It is for these reasons one is anxious to see him linked up in the whole scheme of both diagnosis and treatment, and I was anxious to make it quite clear how one looks at the point. One is not supposing for a moment that a general practitioner is ever going to be an expert.

(*Dr. Niven.*) Of course it is quite evident that under the Insurance Act enormous pressure is going to be brought to bear by all these benefits coming into the family to get early diagnosis, and of course it does become absolutely essential that the private practitioner should diagnose the case at the earliest possible moment, and in fact he will very soon find that if he does not do so he will catch it from his patients. I just want to reinforce what Dr. Smith Whitaker has said, that whatever facilities can be offered in educating the practitioner to act promptly, to be alert and prompt in suspicion and in recognition of early tuberculosis, will be most valuable both for him and for the community. The question is precisely in what manner that assistance can be given to the general practitioner.

(*Dr. Bardswell.*) Surely he can apply both for an expert man and also an expert visitor; he can advise as to diet, open windows, rest and cleaning. Surely that makes up the deficiency which he now suffers from?

(*Dr. Niven.*) Of course, if an expert tuberculosis officer is appointed, that will help the general practitioner a good deal, because they will necessarily consult together a good deal; but I would suggest that in addition facilities should be given at consumption hospitals for special instruction.

(*Dr. Paterson.*) Might I suggest that this part we are discussing now of the general practitioner should be raised under education; because I should like this committee to take up the point of Dr. Jane Walker and make a recommendation to the General Medical Council that they are neglecting to train their members in pulmonary tuberculosis. They train them in fevers and other infectious diseases, and they do not give them any training in tuberculosis. That is your point?

(*Dr. Jane Walker.*) Yes, it is; I am very anxious to put it.

(*Mr. Stafford.*) It is not of the General Medical Council; it is not of the colleges; I think the demoralisation comes later on. I think they are sending out quite a clever lot of men from all the colleges. If anything the young men are very good men, but the demoralisation occurs afterwards in the club practice. The men have got to make a living, and in making that living they cannot possibly devote the amount of time and attention to knowledge that is necessary, and after a time they degenerate into becoming mere bottle-washers. That is the position of most of the club doctors at the present day, and that is what you have got to fight against. It is not against the education by the colleges in the least bit; it is against the fact that these men when they have to go out have got a struggle for life. They are not paid properly, and if this Insurance Act leads to better payment of the young medical men when they come out, you will have a very good type of man after a time, and they will be men whom you can rely upon to do their work properly if you pay them properly. The whole question is one of paying these men and selecting them, and I am quite sure that if this Act is to work properly you must

keep in intimate touch with the general medical practitioners all over the country. You must work it through them, and you must hope that in time these men will have developed under you into really useful men for that work.

(*Dr. Philip.*) I am sorry to differ from Mr. Stafford. While I agree with the advisability of keeping in touch with the medical men throughout the country, speaking as an examiner, I cannot help testifying to the fact that the knowledge of tuberculosis in the ordinary candidate is hopelessly deficient. And, curiously enough, I did put down in my paper to make the very proposition that Dr. Paterson has made that before we finish we should address either the colleges, the university, or the General Medical Council and press them on this very point.

(*Dr. Jane Walker.*) I receive several London medical certificates every year signed by general medical practitioners, and really it is extraordinary what an infinitesimally small number there are that are really corrected. It is not really a question of their being crowded out in time, it is really that they do not know, that they have not been taught, that they have not the opportunity of being taught. As long as the hospitals attached to our medical schools refuse to take cases of consumption in their wards how can they know, and the matter of fact is that they do not know. They would never send some of the cases if they really knew anything about the subject.

(*Dr. Newsholme.*) Dr. Latham is, I think, attached to a teaching medical school in London—St. George's.

(*Dr. Latham.*) Yes.

(*Dr. Newsholme.*) Is it correct to say that a considerable proportion of cases of pulmonary tuberculosis attend the out-patient department at St. George's Hospital, and a certain number are admitted into the wards for teaching purposes?

(*Dr. Latham.*) As far as out-patients are concerned, the number of tuberculosis cases is extraordinarily small, and I do not think the students get anything like a proper opportunity to become accustomed to diagnose them, because they are promptly drafted on to the special institutions. As far as the wards are concerned, there is a rule of the hospital that no case of tuberculosis is admitted, a rule I consistently break in the interests of the students without any disadvantage to the other patients in the ward. But there is a definite rule at my hospital, St. George's, and most general hospitals in London that cases of active pulmonary tuberculosis shall not be admitted.

(*Dr. Addison.*) That is so at St. Bartholomew's, I know, and I inquired the other day to find out the very, very small number of cases of tuberculosis admitted.

(*Dr. Jane Walker.*) The university is made to take five into each. I think it is an exception, because the doctors object so.

(*Dr. Paterson.*) But the cases attending the out-patients' department, as a rule, I think anybody could diagnose. You could diagnose them in the street before they come in.

(*Dr. Jane Walker.*) I think anybody could.

(*Dr. Addison.*) There is the question of children: the question of the relation of this dispensary to children.

(*Dr. Maguire.*) There is one point I should like to bring out as regards Ireland, and that is, that we have not a medical school of service in Ireland and, therefore, we are at a considerable disadvantage as compared to England. I think any satisfactory scheme which will deal with the question of tuberculosis of the children must necessitate that a proper school service should exist. I think it would be admitted that the earlier in the life of the individual we take measures to eradicate the disease, the better should be our results. I just wish to mention that, Mr. Chairman, for the instruction of this Committee.

(*Dr. Niven.*) I do not agree that the earlier you begin to treat the greater results will you obtain. We have now for a number of years—Dr. Philip has often made his own observations—carried on careful observations upon the histories of infection upon a great number of cases of phthisis and it is exceptional—it has happened, but it is exceptional—that cases are contracted in childhood and persist through the years

into adult life. You can obtain perfectly satisfactory histories of prolonged exposure to consumption in adult life. In a great proportion of the instances it is quite evident that the infection has been contracted in adult life. It is common for parents to infect their children. It is infrequent for children to infect their parents. It is therefore very much more important, both from the point of view of the insured, and from the point of view of public health, that adequate provision should be made as to adults for the treatment and prevention of the disease rather than as to children. I do not wish to under-value the work that is done for children, but the first claim is for the treatment of adults. Moreover, it is economy. There is only a certain sum to go round, and it is no use thinking that you can cover the whole ground of tuberculosis and have a sufficient sum available in particular places and for a particular number of people. The first thing we must do, I think, in the interests of economy and in the interests of the public health is, to bring our attention to what we can do for adults and then after that to children. I, personally, cannot admit that view that in the great majority of instances the infection is contracted in childhood and persists into adult life. Otherwise our measures would be futile.

(*Mr. Stafford.*) I am sure in a great many instances it does not, because a great many children die.

(*Dr. Leslie Mackenzie.*) Or they get cured.

(*Dr. Niven.*) Or they get cured.

(*Mr. Stafford.*) Quite.

(*Dr. Niven.*) They mostly die. I quite admit that a good deal of the tuberculosis in childhood is bovine, and my impression is that when you come to adult life the disease that you find is not bovine. It is of human origin.

(*Dr. Leslie Mackenzie.*) It is correct to say that our science does not quite entitle us to say "yes" or "no" to that point finally; but I do not think Dr. Niven would object to the measures taken by the education authorities to provide open-air schools and convalescent schools and tuberculosis schools.

(*Dr. Niven.*) By all means. I think that that is excellent work and very desirable, but it does become a question as to which class of institution the money is going first.

(*Chairman.*) I should suggest we should now adjourn for luncheon, and after luncheon we can discuss the relation of the dispensary to the school clinic, the school medical officer, and then to try and get the details of the staff raised.

(*Chairman.*) Sir George Newman has suggested that we should postpone the question of children and their relation to the dispensary to such time as we discuss the relation between the local Insurance Committee and the local authority. It is really a question of administration, and I think probably on the whole that will be wise. Therefore, we will try and discuss details as to dispensaries in a county borough. Later on this afternoon, if possible, we will deal with the rural area.

(*Dr. Smith Whitaker.*) I mentioned, sir, this question of having certain information, and perhaps it might be convenient to have that in the form of a definite motion. What I propose is that we should have information before our next meeting; I do not mean to-morrow, but before our next set of meetings, as to the powers of the various local authorities with respect to tuberculosis in all the parts of Great Britain and Ireland in the separate countries, and not only returns of the powers, but also, so far as it may be obtained in the time, as to the extent to which they are now actually being exercised. I think it will help us all if we know before we come to the Insurance Act how the matter would have stood if there had been no interference of the Act. That is the kind of return that I ask we should have.

(*Chairman.*) I think we all agree it would help us enormously if we could have this information.

(*The Secretary.*) I would like to say that so far as making out a statement of the local position is concerned, there is no difficulty about that, but as to taking a census, as it were, of all the accommodation at the present moment available in England and Wales for consumptive persons, that is a very difficult thing to do.

(*Dr. Smith Whitaker.*) I was not asking for that, sir, I do not propose that we should have anything like a census showing how many beds are provided, or what accommodation there is. What one wants to know is (and even there only so far as the information is readily available) what local authorities at all are exercising the powers they possess in this direction. For example, we had an answer from Dr. Mackenzie this morning, that Dundee was doing so-and-so, and Perthshire doing so-and-so. We should like the same thing as regards England, Wales and Ireland—not how many beds they provide, not what size of institution they have, but are they exercising their powers at all.

(*The Secretary.*) I can answer that at once, that a large number of them are exercising their powers.

(*Chairman.*) Then you will be able to give them?

(*The Secretary.*) Yes. Only there is this: there are 1,800 local authorities in England, all of whom have power to provide hospitals or dispensaries for tuberculosis. To find how many of those have actually done it would mean either communication with the 1,800, or looking up 1,800 records, and it is rather a big business. In December, the Local Government Board, in sending out a circular letter to the medical officers of health as to their annual report for the year ending December 1911, asked each medical officer of health to send a schedule showing what had been done in respect to tuberculosis; that is, whether there was a dispensary in the district, if so, what it was; whether any beds had been provided in the district for people residing in the district, and if so, what they were, and so on. That information is gradually coming in. I think it is about half in; that is, we have received these schedules back from about a thousand out of about 1,800 authorities; and if that would meet the Committee's wishes, there is no difficulty in compiling these returns so far as they have come in. But I can say at once that a very large number of local authorities in England have done a good deal in connection with the matter. There is no doubt about that.

(*Dr. Newsholme.*) There is one thing about the thousand; it represents the smaller authorities whose annual reports come in earlier, and would therefore give a less favourable statement of the amount of work being done than ought to be given.

(*The Secretary.*) It would not be fair to say there is twice as much.

(*Chairman.*) Still, I gather from you we want as much information as we can possibly get.

(*Dr. Smith Whitaker.*) Certainly.

(*Chairman.*) If we have this information from these thousand returns, if that is all that we can have, it is all that can be produced before the Committee.

(*Dr. Smith Whitaker.*) If the information is incomplete we must take such information as there is; but I am sure those who prepare it will indicate in what ways it is incomplete.

(*The Secretary.*) I was just wondering what the information was required for exactly, then perhaps we could supply the missing parts.

(*Dr. Smith Whitaker.*) I thought we should all be glad to know to what extent the ground has already been covered or get some approximate idea. I do not know that we want to know exactly what every authority is doing. I think I would rather know what kind of things were being done than how many people were doing them. I am only, of course, giving my own ideas. Then I think, when Dr. Mackenzie gave us his return, we must all have felt it was very useful as regards everybody.

(*The Secretary.*) That is another thing. What kind of things do you mean.

(*Mr. Stafford.*) As far as Ireland is concerned, I do not think there will be any difficulty in giving information on the very same lines as Dr. Mackenzie gave it this morning, if that is all that is required.

(*Dr. Addison.*) We could have further information as far as it is available at present; an estimate of the tuberculosis population as far as you can give it to us.

(*The Secretary.*) We have no accurate data of that.

(*Dr. Addison.*) As accurate as you can get.

(*The Secretary.*) I am afraid it would almost be useless, because the notification was only made general in England from the 1st of January last, and I am quite sure it is too early to get any reliable figures.

(*Dr. Addison.*) We could have death-rates, of course.

(*The Secretary.*) Yes.

(*Dr. Newsholme.*) I think, as far as they are concerned, the only thing necessary is to place in front of each member of the Committee a copy of the Registrar-General's report which gives those statistics.

(*Dr. Mearns Fraser.*) How long has the notification been in Scotland?

(*Dr. Leslie Mackenzie.*) About 60 per cent. of the population in Scotland is covered by notification; that is, the local authorities representing 60 per cent. approximately of the population have adopted compulsory notification, some of them as long ago as four or five years, others three or four years, and so on, and they are still coming in.

(*Dr. Addison.*) Then your returns would be very valuable as a guide.

(*Dr. Leslie Mackenzie.*) We can give you the returns for all the places that have had notification up to date or up to the end of last year; and I may say that we have here material that has been prepared for issue indicating all the local authorities that are doing anything and the kind of thing they are doing. It is as far as we have information. That can be brought up to date quite easily.

(*Dr. Paterson.*) If we compare the Scotch notifications with the Scotch death-rates, we ought to get some sort of a basis.

(*Dr. McVail.*) Would it not be possible for the English Board to hurry up the 800 medical officers who have not given the information? If they were told months ago, and they were asked now to hurry up, we might have their replies in time for publication.

(*The Secretary.*) They all have to be tabulated.

(*Dr. Meredith Richards.*) Would it be simpler to get the county boroughs and county council areas: they only number about 134?

(*The Secretary.*) But as Dr. Newsholme says, they are the medical officers of health who defer their reports themselves. I do not know when Dr. Niven would send his in for Manchester, perhaps July or August.

(*Dr. Niven.*) It is not possible for me.

(*Dr. Mearns Fraser.*) But on these separate sheets there was a note sent round to ask that they should be sent in at once.

(*The Secretary.*) The end of January, I said.

(*Dr. Mearns Fraser.*) If a post card were sent, I am sure they would be sent at once.

(*The Secretary.*) About half the medical officers of health sent in by the end of January.

(*Dr. Mearns Fraser.*) There is no need to wait for the annual report.

(*The Secretary.*) I agree.

(*Chairman.*) Then may we take it Mr. Willis is going to supply the members of the Committee with the sort of thing that is now being done, and as far as possible as regards those thousand returns what has actually been done. I think we must recognise that as the most he can give us.

(*Dr. Addison.*) And Dr. Mackenzie for Scotland will supply us with his material.

(*Dr. Leslie Mackenzie.*) I should be quite happy if the Committee wishes it. Dr. McVail and myself can supply you with what has been done.

(*The Secretary.*) There is one other point, Mr. Chairman. I think in England the poor law authorities have probably provided more beds at the present moment than any other.

(*Dr. Newsholme.*) We have a complete return of the poor law beds in England at the present moment.

(*The Secretary.*) Do you want that?

(*Dr. Newsholme.*) Yes.

(*The Secretary.*) The institutions provided by the poor law as institutions are very good indeed, though it is true under the Insurance Act no insured person may go near them or have anything to do with them.

(*Chairman.*) I think that would be most valuable information.

(*Dr. Leslie Mackenzie.*) I can give you that information for Scotland too.

(*Mr. Stafford.*) Yes; I have that information for Ireland here.

(*Dr. Newsholme.*) We have it for England as well.

(*Chairman.*) There is another point you want to raise, is there not?

(*Dr. Smith Whitaker.*) If this is the proper time, sir. We were discussing this morning the subject of dispensaries in the conception that they were institutions, and once or twice when we were discussing that Dr. Niven entered a sort of caveat, and perhaps Dr. Newsholme to some extent. In some instances, instead of having an institution we might have an officer who would really be the centre, and if any member of the Committee were able to roughly sketch out what would be his conception of the plan of organisation in a district in which there was no institution called a dispensary, or a clinic, if that is conceivable, that the same functions should be discharged by an officer, say, an officer of the municipal authority with a staff. If they can give us any idea of how those functions would be discharged in such a case, I am sure they would be of great assistance to us. I did not get a clear picture.

(*Dr. Niven.*) That would be the same as a dispensary, only notification having come in, the officer in question will visit the homes after agreement with the practitioners and would examine contacts, and he would give the same instructions. If a nurse were employed, the nurse would be employed in the same manner as in a dispensary.

(*Dr. Addison.*) How would that apply in a large scattered county?

(*Dr. Smith Whitaker.*) We are dealing with county boroughs.

(*Dr. Niven.*) It would apply just the same. The dispensary would be just the same, and the information would be brought into the medical officer of health's office for investigation, and all the work would be done there. The advice as to the right sort of institution to go to, and if contacts were found to be suffering from tuberculosis, would all be done in precisely the same manner as in a dispensary. As far as I can see, the only difference that would arise would be that there would be no treatment. The treatment would be done through other channels if treatment were required. It would be done, for instance, at a children's hospital, or it would be done by the private practitioner, who would be immediately consulted. I do not think that is a matter of very much importance, provided the officer who visits the house sees the right thing is done with regard to persons suffering from tuberculosis. It seems to me to matter very little as to whether he gives personal treatment or not.

(*Dr. Philip.*) How would Dr. Niven's scheme apply to the cases that are notified? I mentioned that 60 per cent. of all the cases that are notified in Edinburgh are notified through dispensaries. How is he going to get over this?

(*Dr. Niven.*) I am afraid if you do treat at these dispensaries other forms of tuberculosis in the same way as phthisis, and I should have thought that was hardly done —

(*Dr. Newsholme.*) I do not think you quite get Dr. Philip's point. When you have only a tuberculosis officer in a dispensary, how are you going to diagnose the contacts?

(*Dr. Philip.*) That is perhaps another way of stating it, though not quite so much as my own words would imply.

(*Dr. Niven.*) I can only tell you what is being done in Manchester. I think if I answer your question in that way, Dr. Philip, it would really meet what you wish to know. The present medical officer, by arrangement with practitioners, does diagnose. He is an expert man who has been an officer at one of the sanatoria outside Manchester, and I fancy he would supplement his clinical knowledge by the use of tuberculin as a diagnostic agent. I mean by injection, not by the skin test or the eye test.

(*Dr. Philip.*) But how does he get hold of the cases at all? My point is where you have a centre to which cases come, you get a large number of cases —

(*Dr. Niven.*) Cases of phthisis are notified to us.

(*Dr. Philip.*) Yes, but my point is from the dispensary we notify actually some 60 per cent. of all the cases that were notified in Edinburgh of pulmonary tuberculosis,

(*Dr. Niven.*) I do not quite see how that affects the matter. We get them notified from the out-patients' department of the consumption hospital.

(*Dr. McVail.*) But Dr. Philip's point is that this would not be notified at all and not known except through the dispensary.

(*Dr. Niven.*) What would not be known?

(*Dr. McVail.*) It is only when a case is known by a medical man to be phthisis that he notifies it.

(*Dr. Niven.*) True, how can you know of it otherwise?

(*Dr. McVail.*) Exactly; and 60 per cent. of the cases in Edinburgh are notified through the dispensary, and only 40 per cent. otherwise. The question is, would that 60 per cent. be notified at all in the absence of the dispensary?

(*Dr. Niven.*) Surely the same means of discovering exist in the houses; the officer who is employed to carry on this work, discovers these cases when he goes to visit the home precisely in the same manner as Dr. Philip discovers them at the dispensary.

(*Dr. Philip.*) Surely not.

(*Dr. Mearns Fraser.*) I quite agree with Dr. Niven. Moreover, you get your notification of deaths.

(*Dr. Niven.*) It is precisely the same thing. In fact we have discovered quite a large number of cases of tuberculosis in these visits. I do not quite see how Dr. Philip knows his cases at all otherwise. Somebody must come to him for tuberculosis in the first instance, and it is by his taking advantage of the first clear definite case that he is able to contact his way back to other cases.

(*Dr. Mearns Fraser.*) That is so far as the examination of contacts is concerned; but because you have a collecting centre, the tuberculosis material comes to you which would otherwise be missed; that is my contention.

(*Dr. Niven.*) Surely it comes through another channel.

(*Dr. Newsholme.*) Even supposing there were any difference between Dr. Niven's arrangement and Dr. Philip's in essentials, that difference in the future will disappear; because cases that are not diagnosed as tuberculosis cases will commence in the same way presumably, and will go to the medical officer under the Insurance Act, and will be passed on by him when required if doubtful to the tuberculosis officer.

(*Dr. Niven.*) Quite; if there were any such, but there is no such difference. In the cases Dr. Philip has spoken of, they do go to the children's hospital. Large numbers are diagnosed at the children's hospital and are sent from there. A large number of cases are diagnosed at the out-patient department of the consumption hospital and are sent from there. Other cases are sent from the central hospitals. There is no real difference at all.

(*Dr. Leslie Mackenzie.*) Might I give an indication of how it is worked in Glasgow? Here is a notification of 3,205 cases. Of those, 1,308 came from private medical attendants, 1,171 from poor law dispensaries, 636 from charitable dispensaries, and 90 were discovered by the corporation officers themselves. Of the dispensaries, the four I spoke of are under the direct control and management of the corporation itself, which means that 1,171 have been discovered by the organisation of the local authority itself. It makes no difference to the Notification Act whether the case is public or private.

(*Dr. McVail.*) I have half a dozen of these reports of Dr. Chalmers. I am quite sure he would be glad to furnish all members of the Committee with copies. It is a very good report.

(*Dr. Niven.*) There may be a little difference.

(*Dr. Smith Whitaker.*) I think perhaps the difference Dr. Philip had in his mind in this: it seems to me there might be a difference here. You have two ways in which a patient may come under the notice of an expert. One is by the patient going voluntarily, the other is by the doctor who is in attendance for some other occasion sending the patient to the expert. I take it that the existence of a dispensary means that persons in houses where there has been no previous case diagnosed, and, therefore, people who are not contacts, people who have no doctor attending them, possibly feeling ill, knowing of the existence of this

dispensary, go to it. Or again, doctors who have not diagnosed their cases, but who simply feel doubtful about them, knowing of the existence of the dispensary, where they might not possibly call in the tuberculosis officer Dr. Niven has in mind.

(*Dr. Niven.*) I quite admit that, but I do not think it amounts to very much. I see there is something.

(*Dr. McVail.*) I would support Dr. Smith Whitaker. It would be really very useful if Dr. Niven would prepare a memorandum, visualising the working of the system where the individual, and not the institution, would be the centre. For my part, I have difficulty in understanding any essential difference between a dispensary and an out-patient department. It seems to me to come to pretty well the same thing, whether the dispensary is entirely part of the hospital or not. It is just a question of the detail. At all events, would Dr. Niven give us a memorandum dealing with the individual as a centre?

(*Dr. Niven.*) I quite admit Dr. Philip has chalked out a distinctly new point in the examination of contacts. I do not dispute that. This system of examination of contacts is a very important thing; but I say that can perfectly easily be brought under the medical officer of health.

(*Dr. Leslie Mackenzie.*) It is actually done in Glasgow.

(*Chairman.*) I think we might now get on to the discussion of the size of the area which will be covered by the one dispensary centre, and the cost of it.

(*Dr. Newsholme.*) Perhaps it would help us if I asked Dr. Fraser the question whether in his own town, containing 230,000 population, the one dispensary is able to serve the whole of the area, and the whole of the population.

(*Dr. Mearns Fraser.*) I do not think one dispensary is enough. The population is 236,000. Of course, there is a big area covered. My view is two dispensaries, I think, would be perfectly ample for the whole town, provided they are arranged with due convenience of getting at them.

(*Dr. Newsholme.*) You say one to 100,000 of population roughly?

(*Dr. Mearns Fraser.*) Yes.

(*Chairman.*) What is your experience, Dr. Philip.

(*Dr. Philip.*) Our population is 320,000 approximately, and the dispensary has been in existence for 25 years. Our common experience, and the experience of all medical officers is that one institution is adequate. Not only that, but we think it is advantageous over having two or three split up, in respect of centralisation of method.

(*Chairman.*) How much greater a population than 300,000 could you cover?

(*Dr. Philip.*) I think that is stretching it. That is quite the limit.

(*Dr. Mearns Fraser.*) You must consider there is rather an essential difference between these two dispensaries. In the case of Portsmouth, we make the treatment our essential feature, and a number of our patients are not fit to travel a long distance to the dispensary; so that it is essential to have them at opposite ends of the town, or more or less in two centres of population, to avoid such an amount of walking or movement in getting to the dispensary. That is one reason why I think it is essential to have a dispensary for a smaller population than 300,000.

(*Dr. Philip.*) I think I should correct a misapprehension. Dr. Fraser always differentiates between Portsmouth and Edinburgh in respect to treatment. Treatment has been one of our main arms. I have referred to it again and again to-day.

(*Chairman.*) In Glasgow you have four dispensaries for a population of what?

(*Dr. Leslie Mackenzie.*) A municipal population of about 850,000.

(*Chairman.*) One to 200,000?

(*Dr. Leslie Mackenzie.*) About one to 200,000; but those are, of course, in the meantime provisional both in locality and number, and I think the municipality may increase them. I should say three of those dispensaries are not in use every day of the week. I could not tell you at the moment to what extent, but it would be detailed in Dr. Chalmers' report.

(*Chairman.*) Could they be described one as first-class, and the others as subsidiary or second-class?

(*Dr. Leslie Mackenzie.*) No, they are all on the same footing. There is a tuberculosis officer, and there are tuberculosis nurses, and special clinical men attending these dispensaries, independently of the tuberculosis officer.

(*Dr. Latham.*) But those patients do not all get tuberculosis treatment?

(*Dr. Leslie Mackenzie.*) I do not know whether that is so actually at the moment; but if it is not, that is included among the possibilities. I could not say offhand. Dr. Chalmers' report will show you.

(*Dr. Latham.*) I take it the dispensary at Portsmouth and the dispensary at Edinburgh are essentially different. In the dispensary at Portsmouth, the idea is, it should be the same thing. Sanatoria and other institutions are quite secondary affairs. They are satisfied at Portsmouth largely with tuberculin treatment, with attending the dispensary and home treatment.

(*Dr. Mearns Fraser.*) We believe a large proportion of the patients will be treated in the dispensary, without the necessity of going to sanatoria.

(*Dr. Latham.*) Quite so; they are essentially different. The clearing house does not come into the Portsmouth scheme to anything like the extent it does in the Edinburgh scheme, and if we are going to get rid of your clearing-house scheme, you want twice as many dispensaries as you do under the other.

(*Dr. Bardswell.*) You say you believe it to be so. You have not had enough experience to know how far it has been borne out?

(*Dr. Mearns Fraser.*) No; every dispensary must act as a clearing house to sort cases.

(*Chairman.*) But practically it comes to this, that where a dispensary is mainly a clearing house, it can deal with a population of 200,000, but where it is in the main treatment, you would limit it to about 120,000?

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Jane Walker.*) We have one dispensary for Marylebone, and I am not quite certain of the population, but it is a good deal more than 100,000. There it might be said to combine both matters, because we do a great deal of treatment.

(*Chairman.*) So does Dr. Philip; but is it in the main a clearing-house treatment?

(*Dr. Jane Walker.*) I should have said it is as much one as the other. There is a great deal of treatment.

(*Dr. Leslie Mackenzie.*) I should say Dr. Philip's dispensary, though it acts as a clearing house, is also a treatment house. It is not a mere clearing house. Perhaps he can say 95 per cent. is treatment.

(*Chairman.*) Perhaps Dr. Philip can say roughly what proportion is treatment and what proportion he clears to another institution?

(*Dr. Philip.*) Substantially the majority is treated.

(*Chairman.*) 75 per cent.?

(*Dr. Philip.*) Yes, because after all our contention is that tuberculosis has to be treated in the main in the homes.

(*Chairman.*) You include supervision there?

(*Dr. Philip.*) Yes, and positive treatment. Our system of doctors circulates through the homes as well as treating them on the spot.

(*Sir George Newman.*) What proportion do you say are cleared?

(*Dr. Philip.*) I should think, roughly, 75 and 25.

(*Sir George Newman.*) Are cleared?

(*Dr. Philip.*) No, treated.

(*Sir George Newman.*) 75 treated and 25 cleared?

(*Dr. Philip.*) I should say so, roughly.

(*Chairman.*) And Dr. Fraser 90 per cent. treated, and 10 per cent. cleared?

(*Dr. Mearns Fraser.*) I do not like to commit myself to these figures; it wants a little more thinking out. Some go away, for instance, for a period, and come back for treatment again. It is rather difficult.

(*Dr. Bardswell.*) Do Dr. Philip's figures of treated include those treated by practitioners after consultation with you, or do you have a consultation with a practitioner, and then the practitioners go on with the treatment at home?

(*Dr. Mearns Fraser.*) That is a relatively small body.

(*Dr. Bardswell.*) It comes to this, that not many practitioners have their own treatment.

(*Dr. Mearns Fraser.*) Not a great many.

(*Dr. Paterson.*) I do not quite understand that. Dr. Fraser says he treats most of his patients with tuberculin, and Dr. Philip has not told us what his treatment is. I do not quite follow how he treats patients at the dispensary.

(*Dr. Philip.*) We treat tuberculosis, I fancy, very much in the same way as Dr. Paterson treats them at Frimley. Each case is judged on its own merits. Some are treated with tuberculin at the dispensary, or their own homes, if it is necessary to keep them in bed, and others are treated along the most modern hygienic medicinal lines, each case *per se*. It is treatment in the widest sense.

(*Dr. Latham.*) But is your treatment at the homes of those who attend at dispensaries?

(*Dr. Philip.*) Both in the homes and on the spot at the dispensary.

(*Dr. Latham.*) But you are not including treatment at the hospital or sanatorium?

(*Dr. Philip.*) No, I refer 25 per cent. to that.

(*Dr. Latham.*) But the 75 per cent. are those who are treated in their own homes?

(*Dr. Philip.*) Yes; that figure is approximate.

(*Dr. Mearns Fraser.*) Can you say what per cent. you treat with tuberculin?

(*Dr. Philip.*) We treat as many as we think desirable.

(*Chairman.*) Perhaps Dr. Latham can tell us. I believe he belongs to an association that was instrumental in starting dispensaries in London. Roughly, what population have they as a guide in starting a new dispensary? What area do they consider it can cover?

(*Dr. Latham.*) I am afraid I cannot answer that right off. Perhaps Dr. Philip can tell us. He is also on that committee.

(*Dr. Philip.*) They have gone on the principle of placing one for each borough. I was just asking Dr. Walker to speak as to Marylebone, because she is on the Marylebone Committee.

(*Dr. Latham.*) I do not think the question has come up, because they have so few.

(*Sir George Newman.*) How many have they?

(*Dr. Philip.*) Six.

(*Dr. Jane Walker.*) There is Paddington, Marylebone, Shoreditch, Fulham —

(*The Secretary.*) Battersea?

(*Dr. Jane Walker.*) No, Battersea does not exist; but I think Shoreditch is hanging fire a fit.

(*Dr. Addison.*) That is really Finsbury.

(*Dr. Mearns Fraser.*) But in Battersea there are two dispensaries.

(*Dr. Latham.*) One is tubercular and the other tuberculosis.

(*Sir George Newman.*) Are each of these for curative purposes and clearing?

(*Dr. Latham.*) They act as a clearing house to get cases sent to what sanatorium beds are available, and to have the contact system and treat the patients in their own homes. As far as I have come in touch with it, I think the tendency in dispensaries in London is to treat the patients in their own back gardens rather than send them away; and so far as I am informed—I have not any first-hand knowledge—those who are at the heads of those dispensaries are very satisfied with the results they are obtaining in the homes of the patients themselves, in the majority of cases without tuberculin. In some cases they are giving tuberculin, and no doubt they are getting more and more; but the bulk of the cases are being treated on the idea of fresh air, good food, and regulation under constant medical supervision and exercise.

(*Sir George Newman.*) Are there any means by which this Committee can be supplied with exact data as to the work these six institutions are now doing with the populations which they serve, and how they distribute their cases?

(*Dr. Latham.*) I will try and get it. I was also told there was a work recently published on the slums in certain parts of America on the same lines, which I believe will be very valuable if we can get hold of it and I will try to do so.

(*Dr. Paterson.*) But I think most of these dispensaries are put down to definite boroughs which are

already there; for instance, in the boroughs of Marylebone, Fulham, Stepney, and so on, and they only treat people within those boroughs. For instance, if a man came from an area which is outside the Marylebone dispensary, if he goes to the Marylebone dispensary, they can do nothing for him.

(*Dr. Niven.*) They are entirely voluntary?

(*Dr. Paterson.*) Yes, and within the borough area.

(*Dr. Niven.*) They have no relation to the medical officer of health?

(*Dr. Paterson.*) No, except the medical officer of health knows they exist, and helps them.

(*Dr. Latham.*) They are in touch with all institutions. For instance, the Paddington one works hand in glove with St. Mary's Hospital; there is an interchange of patients.

(*Dr. Niven.*) Do you know whether they have any relation to the medical officer of health?

(*Dr. Jane Walker.*) He is on the committee in all cases.

(*Dr. Niven.*) Does he have cases notified to him?

(*Dr. Jane Walker.*) Undoubtedly.

(*Dr. Niven.*) And visits the homes?

(*Dr. Jane Walker.*) Yes.

(*Dr. Niven.*) That is the best part of the work, really.

(*Dr. Paterson.*) That is one of the curious phases; that the medical officers of health in London are approving of these dispensaries.

(*Dr. Niven.*) Quite.

(*Dr. Latham.*) And they work also with the general practitioner. I believe in most of the London dispensaries nobody is accepted except by recommendation of the practitioner. That is so, is it not?

(*Dr. Jane Walker.*) I think so. Although I am on the committee of the borough, I am not often able to go.

(*Dr. Addison.*) There is one point arises here. We have to settle provisionally the number of dispensaries which will be more or less in relation to population. I think one should be compelled to bear in mind that there is a collateral issue; that it is practically impossible at the present time, I should think, to staff these dispensaries with sufficiently skilled persons, and that, therefore, if we say, for instance, we want one dispensary for 200,000 persons, and therefore we want as a matter of mere arithmetic 220 in the whole of the United Kingdom, it would be impracticable, because as a matter of fact we could not staff 220 with sufficiently skilled men at this moment.

(*Dr. Philip.*) In six months you could do it.

(*Dr. Addison.*) Exactly; that is the point. Say in six months we start a hundred. I have no doubt in six months' time there will be men keen, furbishing themselves up and doing laboratory work, and spending all their time at chests and one thing and another, who might be able to do it. But it seems to me, on the line of least resistance, it is necessary to decide on a smaller number at the beginning than we should ultimately require, otherwise we should land ourselves in a difficulty. Therefore I would suggest, say, that we want one dispensary for every 200,000 people, or whatever it is, and we should allot provisionally in our minds anyhow not more than at least one half of our ultimate requirements for that reason.

(*Dr. Mearns Fraser.*) You cannot quite base it on population, because one dispensary will serve a far larger number of people in the town than in the country.

(*Chairman.*) We are only discussing towns.

(*Dr. Newsholme.*) I think the same principle is very important to be borne in mind with regard to sanatoria: that we should not plan out provision to the full probable requirements of the country, but should understate it to begin with, until one has experience and until one has sufficient staff to start all these institutions.

(*Dr. Latham.*) There is one question as to whether it is not possible to arrange now that we shall want so many dispensary doctors and so many sanatoria doctors, and choose them now and occupy six months in training them, because your sanatoria doctors are even more difficult people to get than your dispensary doctors, and there are very few, I do not suppose half a dozen in the Kingdom at the present time, who are

eligible to run a sanatorium successfully. It seems to me you might settle reasonably soon how many sanatorium doctors you will require and how many dispensary doctors you require, and start off with that right away.

(*Dr. Addison.*) Yes. I think it is very important we should fix as soon as possible the prospective numbers, so as to get the men in training. There are 28 million people in England and Wales; that would be, say, 150 dispensaries.

(*Dr. Leslie Mackenzie.*) Now we are coming back, Mr. Chairman, to what part the local public health committee is to play in the provision of those dispensaries or in doing the work that in some places is assigned to those dispensaries. That will make a considerable difference in the kind and number of dispensaries.

(*Chairman.*) Will it make a difference in the number?

(*Dr. Leslie Mackenzie.*) I think so, very materially; because if a dispensary is to be practically a local authority for the public health, involving not only domiciliary treatment, but sanatoria, reporting, and, indeed, the work generally of the public health authority, from the public health standpoint you are doing one class of thing; but if we confine it to treatment proper, you are doing another class of thing. As I gather, a good deal of the work which has been adumbrated as the proper work of the dispensary is already the duty of the public health authority, and they are taking a needless burden on their shoulders in regard to a great deal of visiting and so on which ought to be done, if it is not done, by the public health authority. It would make a serious difference in the distribution expense, the staffing, and so on.

(*Dr. Addison.*) It does not make any difference in the number, does it?

(*Dr. Leslie Mackenzie.*) It depends on what each local authority is prepared to do in this district. You have a public health authority in each area.

(*Sir George Newman.*) But not in the number actually needed.

(*Dr. Leslie Mackenzie.*) I know; but it would make a material difference into the number of your special dispensaries.

(*Dr. Addison.*) Of course, your new ones; but you cannot count your existing ones in your total.

(*Dr. Leslie Mackenzie.*) You are thinking of the dispensary as a separate institution.

(*Sir George Newman.*) No, I am not. You are putting something into my mouth which I did not intend.

(*Dr. Nevin.*) Besides, you have an administrator who could be made valuable for the purposes of the Insurance Act in starting what additions you require.

(*Dr. Newsholme.*) In other words, you are moving round to the subject which you, sir, tabooed this morning, and we cannot finish our discussion on this. We cannot allocate the proportion of the population until we have discussed that.

(*Chairman.*) Yes.

(*Dr. Smith Whitaker.*) It seems to me we might still go ahead without entering that very difficult question which will take up a great deal of time, and which, to speak frankly, I do not know whether we are yet prepared to enter on a satisfactory discussion of. I have listened very carefully to what Dr. Leslie Mackenzie has said, and I made a note some time ago of the kind of function I have been suggesting for dispensaries. Take, for example, the notes on Resolution 6 on this typewritten document before us. We have here a list suggested of the possible functions of the dispensary, A, B, C, D, E, and F. I remember, when we mentioned those yesterday, Dr. Niven objected to the last three on the ground that they were already the functions of the local authority. Well, sir, it seems to me that we are all taking it for granted it is a proviso that the officer of this institution, if he be not directly the officer of the local health committee, must be in the very closest relation to the local health committee. I suppose it is more a matter of legal terminology than practical fact as to what his relation is going to be, but I hope we can all take it for granted that in any system of administration common-sense is going to prevail in the long

run, and people will not deliberately multiply expense and officers for the sake of doing it; that they will find some way round, and probably for a time there will be an experimental period during which one authority will try one system and another authority will try another system and feel their way to a satisfactory conclusion. But take the functions of the clearing house. I do not want to enter on any controversial questions, but the whole point of my argument is that we have no need to do so, and that we can get along with our job without another word on the question of who is going to have the control of this officer. There is a clearing house in two senses. A clearing-house clinical to decide which of the cases sent are to receive which kind of treatment, and a clearing-house financial, because these people who are coming to these institutions are people the expense and treatment of whom the different authorities will be responsible for. We speak of the Insurance Act. If you take the insured only we will assume they are a third of the population. If you take the insured and their dependents exclusive of children, they may come to pretty nearly half the population. If you take the insured and their dependents including the children, or if you do not take the children as coming under the insurance clause, but take them as coming in under the powers of the education authority and provided for under the grant made to that authority, then you bring in pretty nearly two-thirds of the population. Probably there will be that consideration of expense. Somebody has to pay, and I think we may take it we have in sight means from which every class of person is going to be paid for by somebody, but I take it for the present we can leave all those questions on one side. These people are going to be treated as suffering from tuberculosis, and *quâ* suffering from tuberculosis they have to be treated, and it does not matter whether the education authority or the local health authority or the Insurance Committee is going to pay for them. They ought to have the same treatment, whatever treatment is necessary. It seems to me, therefore, that this question of authorities does not really need to come in. You have to have the central institution as a clearing house, and you can leave all the questions of who is going to deal with them. As to the matters mentioned by Dr. Mackenzie, let us take these tables again; the function of the clearing house, the treatment of suitable cases—that treatment has to be given by the officers of this institution—domiciliary treatment, and corporation control. Those are the purposes which seem to me from this discussion to be beyond all controversy. Then we come to the other three: home treatment, after-care and keeping of records; but all those three surely are in one sense ancillary to the other three, and in another sense in so far as they are not ancillary they are outside the province of the institution altogether. I do not think there is any desire to interfere with the work of the health authority in that matter; but in so far as, for example, in the treatment of a suitable case, you must educate the patient in self-care, that is ancillary to the work of this institution. In so far as the after-care of the case may be considered to fall within the province of the man who has previously treated it, it will be part of the work of this institution to keep all records. If you have an institution of the kind you must obviously keep the records that are necessary for the purposes of the institution, and it would not fall within its province to keep any other records than are necessary for the work of the institution. So that it seems to me we can after all get along with this matter without considering these questions of administration, control, and the relation of the various local authorities one to another. There is one other observation I should like to make while speaking, and that is, that it does seem to me your calculation of the number of institutions is, to some extent, dependent on the question of the mode of treatment. It has been already pointed out in the discussion that if you have tuberculin treatment you are likely to swell the number of patients who are treated in the dispensary and correspondingly diminish the number who are treated in the sanatoria. I do not suppose this Committee is going to attempt to distinguish between

the relative merits of the different modes of treatment. I take it a scientific way of dealing with that matter is to leave all to the people who are actually doing the treatment, and to leave the thing to be worked out by experience. If that is so, then we have merely to have a maximum and a minimum, and we must leave the question of the number of dispensaries and the number of sanatoria and the relation of those to be determined by experience, and have in the meantime merely a maximum and a minimum.

(*Dr. Newsholme.*) I think the only point on which one felt with Dr. Mackenzie, and also I think Dr. Niven, that it was desirable to know whether the local health committee would be brought into this tuberculosis dispensary administration was this: that if the health authority is brought in, then one secures very great economy of administration, and fewer officers are needed.

(*Mr. Stafford.*) But presumably the health authority is going to work hand in hand and in sympathy with the Insurance Committees. There is something running through the whole of the discussion which I do not personally understand, because I know our feeling in Ireland is that we are going to work side by side, and we are going to make this money go as far as it possibly can. There seems to be an assumption here that there is some antagonism between the two authorities.

(*Dr. Newsholme.*) Our point is that there would not be two authorities.

(*Dr. Addison.*) There is an insurance authority.

(*Dr. Newsholme.*) There would not be two dispensaries, anyhow.

(*Mr. Stafford.*) You have a local authority and an insurance authority at the present moment which has been created. There is an assumption that there is going to be something in the shape of disagreement between these two bodies. Surely these are things which can be settled by the two bodies themselves. It does not necessarily mean that a committee composed as this Committee is here, is going to adjust the whole of the minor difficulties which have not arisen at all as far as I can see, and which may never arise.

(*Dr. Leslie Mackenzie.*) I think Dr. Stafford, in speaking of the two authorities, means the Insurance Commissions and the local authorities and governing boards.

(*Mr. Stafford.*) Yes.

(*Dr. Leslie Mackenzie.*) But the idea of a dispensary as conceived by Dr. Philip and as conceived by all of us goes very much wider than local authorities. It is a question affecting the tuberculosis treatment of the whole community. These two are very important elements no doubt to the insured population, and what will fall to the local authority; but we must remember also the pauper population and the non-insured population that is not yet pauper. Dr. Philip's idea, as I gather it, and as we have expounded it in Scotland for five years officially, and about 20 years unofficially, covers the tuberculosis treatment of the whole of the community, I think I am right in saying; so that there is no real opposition in what you are saying. As far as I am concerned, there can be none. What I am anxious to do is to economise effort, money and officials, and to spread the expenses over as wide an area as possible. I think it is to the interest not only of the private voluntary dispensaries, but of the Insurance Commission, to get local authorities for public health to shoulder as much of the burden as they possibly can, because it economises funds and officers all round.

(*Mr. Stafford.*) Quite; but surely the Insurance Commissions are quite alive to the fact.

(*Chairman.*) At the present moment we appear to have agreed that the minimum number of dispensaries for the whole of the country would be 150. I think that is the conclusion we came to just now.

(*Mr. Stafford.*) Before you decide that, I really ask you only to decide it as regards England. I should not like you to decide it for Ireland with regard to conditions which we know nothing at all about for the moment. I think you ought to leave to the Irish Insurance Commission and to the Irish bodies a certain amount of give and take, and I should be sorry to see you doing more than express a pious opinion on the subject.

(*Dr. Smith Whitaker.*) That is all we can do; we are only making estimates.

(*Mr. Stafford.*) You are here deciding a maximum and minimum.

(*Chairman.*) This is the minimum for England and Wales.

(*Dr. McVail.*) With regard to that minimum, we are bearing in mind that what we are dealing with is dispensaries for large cities.

(*Chairman.*) Perfectly. We are coming to the rural areas presently.

(*Dr. McVail.*) Because in Scotland the number of large cities is not so great as to require many dispensaries. We have only about ten towns that will require them.

(*Chairman.*) Then, gentlemen, I think Mr. Willis agrees that in a general way, as far as we can see without prejudicing anything in England and Wales, there would probably have to be a minimum of 150 dispensaries dealing with the urban population.

(*Dr. Mearns Fraser.*) What is that, based on per population?

(*Chairman.*) One to 200,000.

(*Dr. Addison.*) It is rather less.

(*Chairman.*) Now as to the cost. I think perhaps Dr. Philip could give us some idea as to the capital cost of fitting out a dispensary, and then perhaps Dr. Fraser could give us his experience.

(*Dr. Philip.*) The actual cost depends so very much.

(*Chairman.*) I do not mean the building, but fitting out a building; given a building.

(*Dr. Philip.*) It is a very small sum if you give the building.

(*Dr. Latham.*) You want a nurse, I take it?

(*Dr. Philip.*) No, that is a capital sum.

(*Dr. Jane Walker.*) That comes in the regular staff. You only want a few pounds, perhaps 100*l.*

(*Dr. Addison.*) I think, if I might suggest it, we might have this point cleared up by those who have touched it more immediately, as to whether it would not be quite possible to project all these dispensaries by making use of existing buildings. If we clear that up first, it will certainly diminish the capital cost a very great deal.

(*Chairman.*) Converting an existing house into a dispensary?

(*Dr. Philip.*) I think that is quite feasible.

(*Chairman.*) What would you put the cost at, roughly, in acquiring the house to adapt it?

(*Dr. Philip.*) 200*l.* or 300*l.*

(*Dr. Latham.*) As much as that?

(*Dr. Philip.*) Yes.

(*Dr. Newsholme.*) Do you think as much as that?

(*Dr. Philip.*) If you are adapting it and fitting it up well.

(*Dr. Newsholme.*) Do you include microscopic and bacteriological requisites?

(*Dr. Philip.*) Yes. I should have said 250*l.*, if you fix me to one figure.

(*Dr. Addison.*) Do you think that will include that group of dispensaries where you have an X-ray apparatus?

(*Dr. Philip.*) No.

(*Dr. Addison.*) We must lump that in, must we not? That will make it more expensive. Those dispensaries will cost a good deal more.

(*Dr. Philip.*) For example, we are building a new dispensary at Edinburgh. The outfit will cost about 1,000*l.*, but it is going to be rather a glorified dispensary. From the calculations I have made for this central fund, it would be about 250*l.*

(*Dr. Bardswell.*) Does that include any beds?

(*Chairman.*) What was your experience at Portsmouth, Dr. Fraser?

(*Dr. Mearns Fraser.*) I think you can hire rooms for a dispensary at most places for about 40*l.* a year.

(*Chairman.*) That is acquiring; but fitting out the building when you have found it, I mean.

(*Dr. Mearns Fraser.*) If the building is in fairly good repair there is nothing much to be done. There are only a few chairs and the apparatus, which come to not more than 60*l.* There are one or two expensive items such as microscopes. Then there are the drugs; are you thinking of that?

(*Chairman.*) No.

(*Dr. Newsholme.*) Do you think 100*l.* will cover the whole thing, from your point of view?

(*Dr. Philip.*) Yes.

(*Dr. Latham.*) I should say that is the average cost.

(*Dr. Niven.*) That is, of course, for a small dispensary to take a limited number of people.

(*Dr. Mearns Fraser.*) That is not accommodation for bed, of course. You do not want a big dispensary; you can see just as many people with a small one.

(*Chairman.*) May I suggest, as there seems to be a wide difference between 100*l.* and 300*l.*, that we should get to know exactly what we mean by a dispensary, the number of rooms, and the outfit. What do you mean, *Dr. Philip*, by a dispensary?

(*Dr. Philip.*) I am thinking of a place with a large waiting-room, an officer's office, two or three consulting rooms, a corresponding number of dressing rooms, a laboratory for bacteriological work, and a drug dispensary, with officers' quarters. I am thinking of one of the larger dispensaries.

(*Chairman.*) Ten rooms, in fact?

(*Dr. Philip.*) Yes, eight to ten rooms.

(*Dr. Mearns Fraser.*) Here is a plan of what I am speaking of at present. (*Handing same to Chairman.*)

(*Dr. Addison.*) Would it be convenient suppose we said we had one laboratory in each county borough? That would be 140 laboratories. Put that just on one side.

(*Dr. Philip.*) Yes.

(*Dr. Paterson.*) You were speaking of laboratories this morning. I think we ought clearly to understand it is not research laboratories; it is purely a place for the examination of sputum. One place would do for any number, so that you need not keep on repeating your microscopes.

(*Chairman.*) You mean in one town with four dispensaries, you would have one laboratory?

(*Dr. Paterson.*) Certainly.

(*Dr. Meredith Richards.*) Most towns have them.

(*Chairman.*) Touching the exact meaning of dispensary, I notice, *Dr. Fraser*, that at Portsmouth there is a waiting-room, two dressing-rooms, one consulting room, and one laboratory.

(*Dr. Mearns Fraser.*) Of course you do not want a very large waiting-room at a dispensary, because you ought to time your patients to come there and only be there a short time. It is a mistake to have a large number of consumptives waiting to come in one place; it is much better to give each man a specified time to come. That of course cuts down the cost; you need not have such large rooms.

(*Chairman.*) My recollection about Paddington is that it has something like five rooms, or six at the outside.

(*Dr. Latham.*) Six, I should say, and they are not convenient.

(*Mr. Stafford.*) Could not we get some accurate figures from these new dispensaries? I could give you some from Dublin; there is one constructed there quite recently.

(*Dr. Philip.*) I was going to say there is a meeting to-day of chancellors of the central fund, and I am going to that meeting at 6 o'clock to-night.

(*Chairman.*) Perhaps you could find out what has been done in London?

(*Dr. Philip.*) Yes, we can give you all the figures.

(*Mr. Stafford.*) I can give you a very good one in Dublin. The building alone cost 200*l.*

(*Dr. Addison.*) I think we ought to be clear on this; at least this is my idea. I think we should have laboratory provision for each one. After all it is not required for the simplest purposes. We have laboratories in cities where you test with guinea-pigs or whatever you want. But you do not want it for the ordinary simple work of the microscope and so forth. I think we ought to have that in our minds as being valuable at each dispensary.

(*Dr. Paterson.*) It is only a matter of 30*l.*

(*Dr. Latham.*) It is more than that: it takes up somebody's time, and it multiplies your workers.

(*Dr. Meredith Richards.*) Surely that is already available in most county boroughs.

(*Dr. Newsholme.*) I quite agree with *Dr. Richards* and the two gentlemen who have spoken that it would

be a great waste of opportunity to have even a microscope in each dispensary. I think in every county borough in this country there is a municipal laboratory already available, and we do not want three or four men doing the same class of work and doing it less well than the one specialist does it?

(*Dr. Addison.*) Really this is all very well, but they do not do it; it is no good pretending that they do it. We cannot live in a fool's paradise. It is all very well to say we have these powers on paper, but the plain English of it is that they do not do it. At our laboratory at St. Bartholomew's we get hundreds of specimens, and at Sheffield, Dr. Bardswell will bear me out, there is a voluntary affair. We have crowds of things; but we know as a matter of fact it is not done in these borough laboratories.

(*Dr. Meredith Richards.*) I may say in Croydon we do 7,000 examinations per year, and we are not at all more energetic than other county boroughs.

(*Dr. Newsholme.*) And in Manchester and other towns.

(*Dr. Addison.*) It is not done.

(*Dr. Newsholme.*) Not at all. It is universal there.

(*Dr. Meredith Richards.*) Cardiganshire and Glamorganshire have a special laboratory run by a joint committee.

(*Dr. McVail.*) In Scotland the Edinburgh University have it. We get them done there and pay for them out of the public health fund.

(*Dr. Niven.*) Of course they are all paid for out of the public health fund.

(*Dr. Leslie Mackenzie.*) I may say in Scotland there is a Royal College of Physicians' laboratory, the Usher Institute, Dr. Philip's dispensary laboratory, and the City Hospital laboratory. In Glasgow there is a municipal laboratory which does work for the whole of the West of Scotland. In Dundee there is the University laboratory and the municipal laboratory. In Aberdeen there is the University laboratory, and they are all doing work. Practically in the area of every principal local authority there is a laboratory, and practically 80 to 90 per cent. of the authorities have made arrangements with some laboratory to do bacteriological work such as phthisis.

(*Sir George Newman.*) They do make arrangements at the centre. I did not quite catch what you said.

(*Dr. Leslie Mackenzie.*) Sometimes yes, sometimes no. In Glasgow, for example, they have a bacteriological laboratory, and the same in the town of Dundee, in Leith, Edinburgh, and Aberdeen.

(*Sir George Newman.*) Do you think it is not more than 20 in Scotland?

(*Dr. Leslie Mackenzie.*) Yes; where they do not have it themselves, they send it to the Usher Institution or the Royal College of Physicians.

(*The Secretary.*) And they are paid for it.

(*Dr. Leslie Mackenzie.*) Every one of them is fairly efficiently manned as far as actual work is concerned.

(*Sir George Newman.*) I suppose, Dr. Philip, there will arise at these dispensaries a very large number of sputa, which will have to be examined which have not been hitherto examined?

(*Dr. Philip.*) I was going to say that.

(*Sir George Newman.*) I really think from my own experience of laboratories, it will probably be the more economical arrangement on the whole, for a dispensary to spend 25*l.* or 30*l.* in getting a microscope. You can get a very first-rate microscope for 15 guineas, and a little standing apparatus; and the actual amount of laboratory work done is not going to be of the research kind—not keeping guinea-pigs, and so on. But it is really going to work out much better to have the whole thing comprehensively arranged in relation to the dispensary, rather than sending sputa through the post to a college laboratory. Probably 30*l.* or 40*l.* would meet the requirement.

(*Dr. Niven.*) It would not be so well done.

(*Dr. Bardswell.*) A well-trained laboratory boy can do it all.

(*Dr. Jane Walker.*) Yes.

(*Sir George Newman.*) I was going to say I should be sorry to believe it could not be done.

(*Dr. Leslie Mackenzie.*) I was not objecting to that at all.

(*Sir George Newman.*) Dr. Niven is.

(*Dr. Niven.*) No, I am not objecting; but I should like to point out it would not be so well done. It is a very difficult matter to examine these doubtful sputa, and it takes quite a long time for the skilled people at the University laboratory in many cases to arrive at a conclusion. There is no reason why a microscope should not be provided, and standing materials. But you cannot rely on a boy and people of that description to carry out difficult examinations of sputa.

(*Dr. Bardswell.*) The boys can. Look at them at King's; all the sputa are done by boys.

(*Sir George Newman.*) Of course boys are doing it at all your college laboratories, you must not forget.

(*Dr. Niven.*) It will absorb more of your time than you care for in difficult cases.

(*Chairman.*) Perhaps the best way will be to leave this point, and to say the minimum provision should have no laboratory, and the maximum should have a laboratory. I think that is possible.

(*Dr. Niven.*) No one objects.

(*Mr. Stafford.*) There must be some provision, Mr. Chairman.

(*Sir George Newman.*) I think so.

(*Dr. Niven.*) It is well to point out that a good deal of this work will require to be done by the municipal laboratory, when you provide your own.

(*Dr. Philip.*) Why?

(*Dr. Niven.*) Because it takes time, and requires very great care.

(*Chairman.*) I wonder if Dr. Philip will first of all tell us what staff he considers necessary?

(*Dr. Philip.*) I should think the ideal thing is to have a full-time man for such an institution as you are discussing to start with. Probably you may find you want a second full-time man; but certainly one to start with, two or three nurses, an officer, and a dispenser, either half-time or full-time, and so far as actual maintenance is concerned, we reckon in advising all new places it costs about 700*l.* to 750*l.* at least to run such a dispensary per annum, if you have a single officer: if you have two officers it will come to 1,000*l.*

(*Dr. McVail.*) Are you thinking of 200,000 as the population?

(*Dr. Philip.*) Yes.

(*Chairman.*) That is to say, your head doctor would have 300*l.*?

(*Dr. Philip.*) We have begun with 250*l.*, advancing by 25*l.* per annum; that is the model that we have taken.

(*Mr. Stafford.*) Is he to have special qualifications?

(*Dr. Newsholme.*) I suppose you teach him?

(*Dr. Philip.*) I was going to say, so far as you can get them, if possible you get a man who has been in a sanatorium; that is the beau ideal.

(*Chairman.*) How long do you keep men at 250*l.* a year? Supposing they go up to 300*l.*, how long are you able to keep them on that?

(*Dr. Philip.*) They go to 400*l.*, rising by 25*l.*

(*Mr. Stafford.*) Would it be very desirable to have some qualification for these men, so that the local authorities would not appoint perfectly incompetent people?

(*Dr. Philip.*) The moment the local authority gets charge, that is another matter. I am considering it generally.

(*Dr. Newsholme.*) Could you tell us your average duration of office of each of these assistants? Is it a year, two years, or what do you think?

(*Dr. Philip.*) I cannot say.

(*Chairman.*) You think you would get a sufficiently good man to run a dispensary as chief for 400*l.* a year?

(*Dr. Philip.*) The simple dispensary, such as you are conceiving.

(*Chairman.*) For treatment, and a clearing house,

(*Dr. Bardswell.*) Living at the dispensary, or living away?

(*Chairman.*) And is that the experience of London, do you know?

(*Dr. Jane Walker.*) I think so; Dr. Williams has been at Paddington for three years. I think he has 300*l.* now.

(*Dr. Philip.*) He has about 350*l.* now.

(*Dr. Mearns Fraser.*) It depends whether he looks on it as a temporary appointment or for life. If it is a

temporary appointment he has a hope of getting something better, and there are plenty of men to be got for that class of appointment at 250*l.* or 300*l.* a year. But if he has to spend his life at it you will not get him for 400*l.* a year.

(*Chairman.*) Surely we want a man permanently, and the longer he stays the better he will become.

(*Dr. Mearns Fraser.*) You cannot get a medical man at 400*l.* a year.

(*Dr. Smith Whitaker.*) It seems to me that surely this depends on how long it is going to hold. If you have a head man you want to keep him as long as you can. If you are to have an assistant, you want to run your assistants through as rapidly as possible.

(*Chairman.*) But your head man?

(*Dr. Smith Whitaker.*) Your head man you surely want to keep, and I should not have thought that 400*l.* a year was going to retain him.

(*Dr. Leslie Mackenzie.*) I think, Mr. Chairman, here again we are brought back to the municipality; if you start from the end of the municipality you find you can get good assistants for 250*l.* a year or less.

(*Chairman.*) We are discussing the head man. What would you put it at, Dr. Fraser?

(*Dr. Mearns Fraser.*) For a first-class man, a permanency?

(*Chairman.*) Yes.

(*Dr. Mearns Fraser.*) It is very difficult, is it not?

(*Dr. Meredith Richards.*) We have been considering this question in Croydon. Our idea was to pay something like 300*l.* a year for a half-time man, allowing him to do consulting work in the rest of his time. We thought we could get a very much better man and a more experienced man in that way, who could give every morning to the clinic and have his afternoons free for consulting work.

(*Dr. Mearns Fraser.*) I should think 250*l.* or 300*l.*; because, if you are to make it 500*l.* your man very likely will not stop any longer there; he will get a better appointment. He will get known as a specialist in consumption, and make more in private practice than at the dispensary. I do not think you will gain anything by making it a higher salary than 250*l.* or 300*l.*, then you will get a man to act under the principal tuberculosis officer.

(*Dr. Addison.*) I think we ought to look forward here to the establishment of a proper service, properly equipped with higher grades of service; men who, when they become experienced and competent, may look forward to rise to more important posts, more responsible positions and bigger salaries; this ought to be a full-time properly paid service, a State service.

(*Dr. Mearns Fraser.*) That would mean that the head man would have to receive 700*l.* or 800*l.* a year.

(*Dr. Addison.*) And I would begin with not less than 500*l.* a year, then we should get a number of men who would devote their lives to this kind of thing; train themselves to become thoroughly competent servants. It is much better, in my opinion, to aim straight at that than potter about with small sums and expect the man to eke out his living by general practice. We should, I think, pay the man a decent salary of, 500*l.* a year to begin with, and let it be known that we regard this as a part of the general State scheme of service, and that they may expect, if they are competent, to get better posts later.

(*Dr. Philip.*) I entirely endorse that, when you asked me I was giving the experience in the past. I am strongly of Dr. Addison's view, that you should give such a handsome salary in order to keep the man.

(*Mr. Stafford.*) I am entirely in favour of Dr. Addison's view, if you can get sufficient money to finance the thing, if this is going to be a State service; but I understood this was going to be a local service, which is quite a different thing. You will get quite a different type of man under a local service than you will get under a State service.

(*Dr. Newsholme.*) I have not the slightest objection to the higher salary being put on paper, whether it will come to anything in practice is another matter.

(*Dr. Niven.*) I have an objection to this. I do not think the country's money ought to be wasted in this manner. When you have salaries to carry out these objects; I have that objection to it —

(*Dr. Newsholme.*) That point is not finished yet; we have not discussed that point. This high salaried officer may be a municipal officer.

(*Dr. Addison.*) I hope he will. My point is, that we ought to aim at getting men who are going to spend their lives at this kind of service, and we ought to give them a decent salary. I do not think it is a waste of money; I think it is a waste of money if you get men who are to spend part of their time doing this and the rest of their time trying to get together a clientele to form a general practice afterwards. It means their heart is never in it; and you never get the same whole-hearted service that you would get if you paid him a proper salary.

(*Mr. Stafford.*) Should we recommend the Government to establish a State service for this purpose; is that the idea?

(*Dr. Addison.*) We need not call it a State service.

(*Dr. Latham.*) How do you think the private practitioner likes that arrangement that somebody gets the post at 300*l.* a year?

(*Dr. Meredith Richards.*) It is a specialist post, there is no competition at all.

(*Dr. Niven.*) In saying that I was assuming that he would be independent of the medical officer of health.

(*Dr. Newsholme.*) That is still *sub judice*.

(*Dr. Niven.*) I was assuming that.

(*Dr. Newsholme.*) That is still *sub judice*.

(*Dr. McVail.*) It would be quite easy to find out what the bacteriologists actually get in the large towns just now. I think in Glasgow it would be 400*l.* or 450*l.* a year, the man has been there for a dozen years or so, and he is a first-rate man. In Liverpool and Birmingham, and so on, it would be quite easy to ascertain what is the standard wage for such work well done by the most foremost municipalities.

(*Chairman.*) Well, gentlemen, it seems to me that we have almost worked through the points on Resolution 6 as regards county boroughs. Before we go on to rural areas, I would just like to ask if there are any further points, or if there are any points which have not been sufficiently considered.

(*Dr. Mearns Fraser.*) What figures have we decided to recommend for adoption as to salaries—500*l.*?

(*Dr. Newsholme.*) None.

(*Dr. Mearns Fraser.*) It is not decided.

(*Dr. Addison.*) I will move a resolution on this point, I feel so strongly on it; I think it is absolutely crucial.

(*Dr. Mearns Fraser.*) I should like to support you, if we have money for it.

(*Dr. Addison.*) I think this is our first line of defence, and I think we ought to start it properly.

(*Dr. Mearns Fraser.*) If you have the money for it, I am quite in favour of that.

(*Dr. Niven.*) That is, if it is done in this way and not done through the public service.

(*Dr. Addison.*) We will leave that vexed question until the time comes. The point is, whether this man is to be an independent person or a paid servant. No matter who is to pay him, what are we to recommend to the Government as their policy?

(*Dr. Newsholme.*) In either case, whether he is to be a whole-time clinical man or a part-time etiological man.

(*Dr. Addison.*) Would our policy be to employ this tuberculosis medical officer as a whole-time man at a minimum salary of 500*l.* a year?

(*Chairman.*) Starting at 500*l.*

(*Dr. Addison.*) Yes, I would start him at 500*l.* a year, because I think we need to get a man —

(*Dr. McVail.*) You are thinking of him as a bacteriologist and a clinician.

(*Dr. Addison.*) — a man competent for this work, an efficient bacteriologist, to be efficient for this work. He should have done sufficient laboratory work to make him competent.

(*Dr. Paterson.*) It is simply the time he has to give. The poor pay they get at sanatorium posts has certainly made it difficult to get decent men for sanatorium work in the past.

(*Dr. Addison.*) That is a further reason; we cannot get men to take it up; there is nothing to look forward to.

(*Dr. Mearns Fraser.*) There is nothing to look forward to. The last man we started at 100*l.* a year; for the second man we give 150*l.* a year. Now, we give

150*l.* to the last men and 250*l.* for the second man. That is living in.

(*Dr. Latham.*) Do you get many applications for the 100*l.* a year?

(*Dr. Mearns Fraser.*) No, not at all; about three; I think one was a black man.

(*Dr. Addison.*) In my final class, about 50 or 60 take their final every year, and these fellows, without exception, shun that kind of thing. The very reason why we cannot get these men is because they are not properly paid.

(*Dr. Mearns Fraser.*) They all drift into private practice, or something else; they will not stop.

(*Mr. Stafford.*) I am entirely in favour of *Dr. Addison's* proposal for England.

(*Dr. Paterson.*) I think we ought to start at 500*l.* The new men coming in later on might start at 250*l.* and go up with rises of 50*l.* to their 500*l.*

(*Dr. Mearns Fraser.*) That is a great factor, a rise every year. That is my experience.

(*Dr. Paterson.*) The principal man is worth it.

(*Dr. McVail.*) I think myself we might quite well agree to the 500*l.*, whether he is on the public health staff, or independently. You want a good man, and if you are thinking of a clinician capable of doing difficult diagnosis and guiding the treatment of cases, it is not a bit too much.

(*Dr. Newsholme.*) I suggest that we should make it a commencing salary of not less than 400*l.* a year.

(*Dr. McVail.*) In that case, you could put it rising up a little above the 500*l.*

(*Dr. Niven.*) I would point out that that will raise the salaries to the same point of all assistant medical officers, and it would be quite impossible, you see, to give a salary like this. You are not merely dealing with this particular salary.

(*Dr. Newsholme.*) Not necessarily, because this is very ticklish work.

(*Dr. Smith Whitaker.*) It seems to me that was *Dr. Niven's* point, though he has not brought it out, that this man is only to have the status of an assistant medical officer of health. Now, my opinion of the matter is that the senior ought to have greater responsibilities than an assistant medical officer of health. What you pay for is not merely ability, but responsibility, and it is the responsibilities of this office that make me feel, the more I think about it, that you cannot expect to get men you can trust to fill those responsibilities for less than 500*l.* a year. One quite understands the factor that is in the minds of some of the medical officers of health, that you are going to have a service in each district, of which the supreme head is the medical officer of health, and every kind of medical work in the district is to be subordinate and ancillary to the medical officer of health. If you take that view, then I quite agree this tuberculosis officer is really to be merely an assistant medical officer of health under another name, and, therefore, his salary should not be higher than that of an assistant medical officer of health.

(*Dr. Newsholme.*) I rise to order; is *Dr. Smith Whitaker* discussing the point at issue? Is not the point he is discussing one which we are to discuss to-morrow?

(*Dr. Smith Whitaker.*) No, sir, I am on the point of salary.

(*Chairman.*) The general impression appears to me to be that the head medical officer at the dispensary should have an annual salary of 500*l.* a year.

(*Dr. Addison.*) Not less than 500*l.* a year.

(*Chairman.*) Not less than 500*l.* a year. Are there any members of the Committee who do not accept that?

(*Mr. Stafford.*) I do not accept it for Ireland; I accept it for England; because I do not see where the money is going to come from.

(*Chairman.*) For Scotland, would you agree?

(*Dr. Leslie Mackenzie.*) Oh, entirely; I have no wish to disagree with that in the least.

(*Dr. Newsholme.*) I am against it. In all probability it will so far over-reach the probabilities of the case that we will likely get 250*l.* instead, and I should prefer to have a commencing salary of 400*l.* a year. I believe *Dr. Philip* entertains the same opinion.

(*Dr. Philip.*) It is bound to operate in this way. It still hangs, in spite of Dr. Addison's protest, on this ultimate question, how are you to realise it? It always comes back to that as a practical thing. I should like to see every man with 500*l.* a year. I am perfectly certain there is no power in our Acts, or any coercive power by which we are likely to get that. We cannot compel ratepaying authorities to pay it, nor do I see where the funds are to come from to pay it in every place. In the big places you will get it; in the small places you will not.

(*Dr. Addison.*) One hundred and fifty men at 500*l.* a year each comes to 75,000*l.* a year, and we have 1,000,000*l.* a year under the Insurance Act. I am sure we have heaps of money.

(*Dr. Leslie Mackenzie.*) It is not all for salaries.

(*Dr. Addison.*) We have 750,000*l.* a year for Great Britain about, out of the 1,000,000*l.*

(*Dr. McVail.*) Yes, but you may get this 75,000*l.* out of the public health.

(*Dr. Addison.*) We may do; all the better. But the point is, we are going to get a good service. This is our first line of defence, therefore, let us pay them well.

(*Chairman.*) I think we are all agreed, that in order to get the best service, and the best medical officer as the head of the dispensary, he ought, in our opinion, as a pious opinion, to have a minimum salary of 500*l.* a year.

(*Dr. Mearns Fraser.*) I think you should consider where you have to get the money—this 75,000*l.* a year. Dr. Addison is only reckoning on one medical officer for probably 200,000 or 300,000 people. It is quite ridiculous; one cannot attend to 200,000.

(*Chairman.*) He would have an assistant. We are now discussing the head man, the chief man. I think we are all really in agreement.

(*Dr. McVail.*) Are you to say minimum or average?

(*Dr. Addison.*) I will say minimum.

(*Chairman.*) I gather it is the desire of the Committee that it should be the minimum.

(*Dr. Niven.*) Of course, one cannot object to a good salary; still there are a good many more people to be paid besides the medical officer in connection with that centre, and there will be a good bit out of the 1,000,000*l.* before you have done in paying for the expenses.

(*Dr. Mearns Fraser.*) We can cut this down later on if it does not work.

(*Dr. Latham.*) The more patients you are to treat out of sanatoria, the more money you are to save, and from a purely economical point of view it is worth while.

(*Dr. Mearns Fraser.*) We can adopt this, and if we find we cannot get it we can alter it afterwards.

(*Chairman.*) I think at this stage we might adopt the figure of 500*l.*

AGREED.

(*Chairman.*) Gentlemen, I think that we ought to try to-day, if possible, to discuss the rural centre. I think it would be a very great pity if we were to finish without having touched upon that.

(*Dr. Newsholme.*) I believe Dr. Paterson has in hand some scheme for the rural parts of Wales; possibly he might give the Committee some advantage of it.

(*Chairman.*) Can you give us any information about the rural parts of Wales, Dr. Paterson?

(*Dr. Paterson.*) This is only a skeleton scheme, and the idea was to have dispensaries for the cities in Cardiff, Merthyr, Newport, Swansea, and another, and then to have a dispensary for each of the 11 counties. The dispensary there would chiefly be a medical officer who would go round to the various market towns and see patients on market days, and he would have to arrange for the people to come in to see him in any areas like Carnarvon or places like that. I have not worked the details of it out in any way, because I do not know the country very well, but apparently there would not be places for a large sanatorium in more than five, and there would be 11 county ones.

(*Dr. Latham.*) I think the Welsh idea was rather that the rural districts should have a centre. It should be split up; it should be a travelling dispensary, and, in certain districts, you should have the doctor

going round seeing people in a room associated with the poor law infirmary, or it may be a county hospital, and the local general practitioner could carry on the treatment in the absence of the man on the other days.

(*Dr. Newsholme.*) Perhaps Mr. Stafford could tell us how he proposes to run the dispensary system in the remote parts of Ireland?

(*Mr. Stafford.*) I think that Dr. Newsholme has set me a puzzle which it would be a very difficult thing to unfold, but I do think that possibly we may be able to arrange something on the lines of the existing dispensaries, although they are poor law dispensaries. Ireland is divided into a certain number of unions. In each of these unions we have got, say, an average of five or six dispensaries. Each man has got his own district, and in that district he is also medical officer of health. In a very large proportion of the districts, the country districts, there is no practitioner except himself, so you are absolutely bound to him. He has got the dispensary in his own hands, and he has got the public health in his own hands, and there is no person to deal with it, except himself. How the Insurance Commissioners, under those circumstances, are going to deal with the rural parts of Ireland, I have yet to learn. That is one of the problems that my friend on my left will have to face, and as he cannot get any money for these dispensaries, as they are poor law institutions, I still further fail to see how he is going to manage it. It is a possibility that you may manage it even at the existing dispensaries. You have the medical officer of health, the man who is treating the patients, and you have got no person for him to differ from, so unless it is worked in that way, I cannot conceive, in the rural parts of Ireland, how it is to work at all.

(*Dr. Newsholme.*) Perhaps members of the Committee do not understand that in Ireland the poor law medical officer is nearly always the medical officer of health.

(*Mr. Stafford.*) That is what I said; he is also medical officer of health, and the only existing practitioner in the district. As I say, I do not see why they should not manage it by running it on those lines, except that there must be some amendment in the Act of Parliament, as it stands at present, allowing them to subsidise these dispensaries.

(*Dr. Smith Whitaker.*) There is a practical question that might clear the air in dealing with the rural districts, that is the unit area of administration. Is it to be the district, or is it to be the county? I should imagine that generally it is to be the county. Your administration will have to be based on the county as the unit, and not upon the district as the unit. If we agree to that, I think that goes some way towards clearing the ground. Obviously, if the county is your administrative unit area, then the expert officers must be, to a great extent, peripatetic, as Dr. Latham has pointed out, and a great deal of the work must be entrusted to the local general practitioners working under the guidance and supervision of these peripatetic officers.

(*Dr. Niven.*) That rather suggests you may have a totally different organisation, equivalent to a dispensary.

(*Dr. Newsholme.*) I think we can pass a resolution straight away to the effect that, in our opinion, the unit of administration outside county boroughs should be the county.

(*Dr. McVail.*) The counties are enormously different in population as between England and Scotland. An English county is much more populous and a larger area, on the average, than the Scotch county.

(*Dr. Smith Whitaker.*) County or group of counties?

(*Dr. Newsholme.*) County or group of counties; yes, that is contemplated in the Act.

(*Dr. McVail.*) Then, what populations would you include in that? In Scotland the units under the Insurance Act are towns with a population of 20,000 or more. All places under 20,000 go along with the county for all purposes of the Act. That is different in England.

(*The Secretary.*) Is the county a unit in Scotland for the Insurance Committee?

(*Dr. McVail.*) Every borough with a population of 20,000 is a unit.

(*Dr. Smith Whitaker.*) It has the status of a county borough.

(*Dr. McVail.*) Instead of county borough.

(*Dr. Philip.*) I daresay you know this problem has been worked out in Oxford. In Oxford county, with the headquarters in Oxford city, you have a dispensary, and while the chief part of the activities are in the city of Oxford, so many days a week both doctor and nurse travel different parts of Oxfordshire in relation to existing practitioners there; so you have a standing model.

(*Chairman.*) I think it is the general feeling of the Committee that, as far as rural districts are concerned, the unit should be a county or a group of counties.

(*Dr. McVail.*) Up till now we have been discussing on the basis of populations of 200,000. What is the suggestion as regards towns of 30,000 or 40,000 in England; are they to come in with the county scheme, or are they to be grouped to make populations of 200,000?

(*The Secretary.*) A town of 40,000 might be a county borough, and it will, therefore, be a part of the county, and any town of that size will go into the county scheme.

(*Dr. Smith Whitaker.*) There are some county boroughs, I should have thought, less—50,000.

(*The Secretary.*) They must be 50,000, any new ones.

(*Chairman.*) Well, gentlemen, having agreed on the unit area for the rural district, I suppose we would not have to discuss having one permanent centre in every county as a unit, where you have a mobile doctor who is visiting various villages on market days. He would, presumably, have to have one centre where he would keep his records for one thing, would he not?

(*Dr. Smith Whitaker.*) Before we go to that, sir, I think we should get rid of the difficulty of the intermediate town which has been raised by Dr. McVail. I suggest, if you take the two extremes, the greater and the centre on the one hand and the rural area on the other hand, then you can leave the intermediate places to be considered at our next series of meetings. If you have the two types settled, you can then easily settle the conditions for the intermediate towns.

(*Chairman.*) It seems to me the next point we ought to consider is what the staff should be for such a unit; is it to be the same staff as for a county borough?

(*Dr. McVail.*) What population are you going to assume for this county or group of counties?

(*The Secretary.*) Sometimes one population and sometimes another.

(*Dr. Paterson.*) He will not be able to see so many patients, he will have to spend so much time travelling.

(*Dr. Newsholme.*) I think it may be of interest, Mr. Chairman, and facilitate discussion on this point, if I put in the following table:—

Population,	England (excluding Monmouth).	
	Counties (Administrative).	County Boroughs,
Under 200,000 -	16	56
200,000-400,000 -	17	10
Over 400,000 -	16	5
Total	49	71

(*Dr. Leslie Mackenzie.*) I may mention, sir, that in Scotland any limit of population would be a very difficult thing to take as a standard. We have counties as low down as 5,000, and as high up perhaps as 100,000 or 160,000, but the geographical difficulties are often so great only by a grouping at the department, not so much by population as by geographical considerations, could we get any kind of unit. As a matter of fact, we are preparing a grouping of those counties for the purpose of administration of sana

torium benefit, including this question of dispensaries, and I think we might be able, if the Committee wish, to put in a tentative grouping of the Scotch counties which would suit for areas for all these purposes. This length we certainly could go, that a county or group of counties should be accepted as the unit; anything less than that would not do. And, of course, the counties include every town under 20,000 for this purpose.

(*Chairman.*) It seems to me that we have discussed this resolution very thoroughly, and almost every point, except the one of administration that arises upon it, and that we might very conveniently finish for to-day and meet again, if it suits you, at 10.30 to-morrow morning.

Adjourned till to-morrow at 10.30 a.m.

TUBERCULOSIS COMMITTEE.

THIRD DAY.

Wednesday, 28th February 1912.

PRESENT:

MR. WALDORF ASTOR, M.P. (*Chairman*),
presiding.
MR. CHRISTOPHER ADDISON, M.P., M.D.
MR. N. D. BARDSWELL, M.D.
MR. DAVID DAVIES, M.P.
MR. A. MEARNs FRASER, M.D.
MR. A. LATHAM, M.D.
MR. W. LESLIE MACKENZIE, M.D.
MR. J. C. McVAIL, M.D.
MR. W. J. MAGUIRE, M.D.
Sir GEORGE NEWMAN, M.D.
MR. ARTHUR NEWSHOLME, C.B., M.D.
MR. JAMES NIVEN, LL.D., M.B.
MR. MARCUS PATERSON, M.B.
MR. R. W. PHILIP, M.D.
MR. H. MEREDITH RICHARDS, M.D.
MR. T. J. STAFFORD, C.B., F.R.C.S.I.
Miss JANE WALKER, M.D.
MR. J. SMITH WHITAKER, M.R.C.S.
Mr. F. J. WILLIS (*Secretary*).

(*Chairman.*) Gentlemen, I propose to-day to have a general discussion on Resolution 7, as to the points arising on it; that is to say, questions connected with sanatoria, hospitals, and the other points that are covered by that resolution. After that, I think it will be advisable if we had a discussion in connection with Resolution 10, the allocation of funds.

Dr. Paterson I believe wishes to raise some point first of all.

(*Dr. Paterson.*) I only wanted to ask for some returns with regard to the death-rates of tuberculosis. I understood from Dr. Philip, yesterday, that 65 per cent. of the patients treated at the dispensary did not want any institutional treatment, and the rest of the patients had to be cleared into institutions or otherwise.

(*Dr. Philip.*) No, there was no statement as to record; it was simply a matter of practice. As a matter of fact, 75 per cent. of the patients were treated at the dispensary, and some 25 per cent. of them were cleared.

(*Dr. Paterson.*) I was wrong in my figures. 75 per cent. are treated at the dispensary and the rest are sent away.

(*Dr. Philip.*) Are distributed.

(*Dr. Paterson.*) Yes, distributed. In Dr. Mearns Fraser's dispensary, at Portsmouth, most of them are treated only, I understood, and of course, one cannot expect to have any permanent results yet from Portsmouth. But Dr. Philip's dispensary has been going on for 25 years, so that it ought to have a definite influence on the death-rates. I should like to have the returns of the death-rates for the last 20 years for Edinburgh, Dundee, Aberdeen, and Portsmouth, for a comparison; that is, the death-rate of one place where they have been using a dispensary, and three other large towns where they have done nothing for tuberculosis. Then I should like to have a return of the death-rate for England, excluding Portsmouth—I do not know why we exclude it—and the death-rate for England, for the last 10 years, where there has been a certain amount of institutional treatment. I do not say it has been good, but there has been some kind of treatment; and I would like the death-rate of Wales for the last 10 years, where there has been no kind of institutional treatment so far as I can make out, because then we ought to be able to see that the dispensary has done something definite, and that institutional treatment has either done something definite or not done anything.

(*Dr. Newsholme.*) May I ask for how many years Dr. Paterson wants the returns for these towns; 30 years was it?

(*Dr. Paterson.*) I think I said 20; I was not sure.

(*Dr. Newsholme.*) I think 25 is better myself. I know nothing about death-rates, I leave that entirely to you.

(*Dr. Patterson.*) It is quite easy.

(*The Secretary.*) Do you want the death-rate from all causes, or from pulmonary tuberculosis, or what?

(*Dr. Paterson.*) Pulmonary tuberculosis, I think.

(*Dr. Addison.*) Can you give us the figures from Germany since the commencement of their insurance?

(*Chairman.*) Since the insurance dealt with tuberculosis.

(*Dr. Addison.*) Yes, since the insurance dealt with tuberculosis.

(*Dr. Newsholme.*) Yes, I can give them for Germany as a whole.

(*Dr. Addison.*) Whatever you have figures for.

(*Dr. Philip.*) Will this be shown as a curve, or simply the difference between 25 years ago and now?

(*Chairman.*) Each year, I should imagine.

(*Dr. Newsholme.*) Yes.

(*Dr. Niven.*) It seems desirable for comparison with those towns and others, in which various modes of treatment, or lack of treatment, have been prevalent, to take a group of industrial towns. I do not see what you can infer from taking towns in which certain things have been done, unless you take other towns in which those things have not been done.

(*Dr. Paterson.*) That is the idea.

(*Dr. Newsholme.*) I had some difficulty in that part of Dr. Paterson's suggestion, because it is extremely difficult, as far as England is concerned, to compare towns in which something has been done with others in which nothing has been done. Unless he suggests his examples, I find some difficulty.

(*Dr. Paterson.*) I mean, take England as a whole, and take it with Wales and Monmouth as a whole.

(*Dr. Newsholme.*) I thought you wanted individual towns.

(*Dr. Paterson.*) No, not individual towns. In England it was individual towns and in Scotland, and I also mentioned Portsmouth, as Dr. Fraser has been working at these statistics, and I think has got them out.

(*Dr. Newsholme.*) Very well.

(*Dr. Leslie Mackenzie.*) You say Edinburgh, Dundee, Aberdeen, and Portsmouth. Would you add Glasgow?

(*Dr. Paterson.*) Yes. Of course, I think Glasgow is quite a different problem. It is more of a slum, is it not?

(*Dr. Niven.*) It would be quite interesting to have the returns from those towns; but no inferences can be drawn, I beg to point out, without a comparison with other towns in which those principles have not been adopted.

(*The Secretary.*) Dundee and Aberdeen are places where they have not had this: the other places are places where they have.

(*Dr. Newsholme.*) There is no harm in having the returns.

(*Dr. Niven.*) I think it should be extended to a number of other towns as well; that is my point.

(*Chairman.*) Is that the only point you wish to raise?

(*Dr. Paterson.*) There is one other point. I think I understood from Dr. Philip yesterday that you can train a tuberculosis expert in six months. I want to disassociate myself from that six months. I think you heard Dr. Latham say yesterday that it took him 18 months at Brompton to understand the chest, and I think you will agree he is a little above the ordinary intelligence—I will not say how much. If it took him 18 months, I do not see how we are going to train less intelligent men in six months.

(*Dr. McVail.*) All those inquiries as regards statistics will no doubt be interesting; but I am not clear whether we are foreshadowing a discussion by this Committee on the whole subject of the value of sanatoria and dispensaries and the measures for dealing with tuberculosis. If so, that means, really, a Royal Commission sitting for weeks or months taking into consideration every possible fallacy that may apply to these and other statistics. It is quite interesting, but I do hope it is outside the intention of this Committee to discuss the general question. I think, really, we have to assume that preventive measures against

tuberculosis are useful, and we are not going back to the very elements to discuss whether or not they are useful. We must take something for granted, and I think we may take it for granted that these things are of value, and begin to discuss them.

(*Chairman.*) Surely, if we are to recommend sanatoria we must find some measure of agreement here. We do not know quite what the inferences are that Dr. Paterson wishes to draw from these statistics, but I daresay when we have the statistics before us we shall have more knowledge of them.

(*Dr. Mearns Fraser.*) There will be no harm in having them.

(*Dr. Philip.*) May I say, in relation to what Dr. Paterson said, that I never conceived six months was the full time for the whole problem of tuberculosis. I was asking how long might be added to the ordinary curriculum to ensure a man having good working knowledge, and I suggested six months.

(*Dr. Niven.*) Quite enough.

(*Chairman.*) Now we might perhaps raise the first point which is set down on the paper under Resolution 7, the size of the sanatorium.

(*Dr. Paterson.*) With regard to the size for economical working, I think it is better to be at least 100 beds. I think in the past the reason sanatoria have had so many unkind things said about them is because they have been small, generally 25 or 30 beds, and they have not been able to offer a suitable salary to attract anyone who has knowledge of the treatment of the disease, and in consequence the medical superintendent has usually been somebody who has had consumption. That has been his chief qualification for the post, and many sanatoriums have been homes for invalid doctors rather than sanatoriums for the treatment of tuberculosis. I think, further, the maximum size of sanatorium could go up to 250 beds. Of course, the larger they are the more economical the cost of working. Then I do not know with regard to situation. Does that come in here?

(*Chairman.*) Yes. These are the various points.

(*Dr. Philip.*) Do you not think we might take individual points separately? Would it not save confusion?

(*Chairman.*) Very well. Then we will take size first. I understand, Dr. Paterson, you said a maximum of 250?

(*Dr. Paterson.*) Yes, and a minimum of 100.

(*Dr. Bardswell.*) I should like to confirm Dr. Paterson's opinion. I think it is ridiculous to have a sanatorium of less than 100; you cannot get decent men to run them, and you cannot run them efficiently. I think a maximum of 250 is a very good number, because two men could deal with that number efficiently, in my opinion.

(*Dr. Jane Walker.*) I quite agree with Dr. Paterson and Dr. Bardswell about a minimum of 100, but I cannot help thinking that two medical officers would find 200 cases quite enough to deal with, and I think a maximum of 200 would be enough for administration purposes.

(*Dr. Philip.*) My feeling is that 100 is the desirable unit. It may be 100 for each sex, but 100 is the desirable unit where possible.

(*Chairman.*) With the same staff that has been mentioned also?

(*Dr. Philip.*) I did not know that we had discussed the staff.

(*Chairman.*) No; the staff will depend upon the unit. Why do you mention 100; because you think it is desirable to have only one man?

(*Dr. Philip.*) Yes, and larger institutions, so far as tuberculosis is concerned, I do not think, are so well worked from the purely therapeutic point of view as the smaller places.

(*Chairman.*) What is the size in Edinburgh?

(*Dr. Philip.*) We have worked up to 100, and stuck there purposely.

(*Chairman.*) Have you had any experience of a larger one than 100?

(*Dr. Philip.*) I have had a great deal of experience in the way of visiting, and the impression conveyed has always been that a larger institution is not so well worked.

(*Dr. Latham.*) There is no sanatorium of 200 beds in this country, is there?

(*Chairman.*) As a matter of fact, how many are there of 200?

(*Dr. Latham.*) I believe there are none in the United Kingdom.

(*Dr. Philip.*) No. But the tendency in Germany has been to enlarge them very much, and the results, at least according to my impression, have been correspondingly disappointing.

(*Dr. Paterson.*) In Germany they have gone up to 1,000 beds. That is quite different to 250.

(*Dr. Latham.*) That raises a point with regard to staff. These German sanatoriums, although their statistics are satisfactory, do not carry out sanatorium treatment as I know sanatorium treatment. That is to say, there is comparatively little supervision of the test and exercise of the patients. They are more convalescent homes than sanatoriums.

(*Chairman.*) Are you talking of sanatoria of the size of 500 and upwards, or 200?

(*Dr. Latham.*) I am trying to bring out the point as to whether you can take German experience to deal with the size of English sanatoria, because sanatorium treatment as carried out in this country and as carried out in Germany are different things. Sanatoria under the German scheme are in my opinion convalescent homes, at least those that I have seen. There is an absence of the close supervision that is required in the English sanatoria. That makes me think we want more staff than has been suggested so far as regards public sanatoria. So far as private sanatoria are concerned I had a talk some years ago with Dr. Otto Walther, whose name you all know, with regard to sanatoria treatment, and he said, after some years' experience, he came to the conclusion that for sanatoria treatment you wanted one doctor for every 30 patients. Of course in the sanatoria he was discussing a great number of the patients were in bed and wanted more attention than I presume people will get in the sanatoria we have in our minds. So I should put it at one man for 50, or if you had a sanatorium with 200 beds, you would want four on the medical staff. You would have one man to do a certain amount of laboratory work, and you have to provide for the holidays of these people. You always want three people for a sanatorium with 200 beds. So, personally, I would say one man for 50 beds. So far as the size of the sanatorium is concerned I agree the minimum should be 100. As far as the maximum is concerned I differ from Dr. Paterson. Personally, I would put it at 200.

(*Dr. Meredith Richards.*) Are we quite clear as to what kind of sanatorium we are dealing with?

(*Chairman.*) I gather that we are dealing with sanatorium for what for the moment we may call early cases.

(*Dr. Bardswell.*) Sanatoria for early cases are very different things. The proportion of advanced cases will be very much greater than the proportion of earlier cases we shall have under this Act.

(*Dr. Latham.*) They had about 70 beds, and as a rule there were about 50 people in an advanced state out of that 70.

(*Chairman.*) That is to say, they were advanced?

(*Dr. Latham.*) Yes. That is why I raised Dr. Walther's 30 to 50.

(*Dr. Bardswell.*) They were paying five guineas a week; that is the difference. You expect a lot more attention for five guineas a week.

(*Dr. Niven.*) That is a question, whether it will be possible to retain sanatoria for entirely curable cases.

(*Dr. Bardswell.*) Yes. With regard to holiday leave, I do not think you should have somebody on the permanent staff to take holiday leave. I find it is best in my own place to take a man off and have definite officers who do holiday leave and nothing else. They go round constantly relieving places.

(*Dr. Latham.*) That is, going from one sanatorium to another?

(*Dr. Bardswell.*) Yes.

(*Dr. Niven.*) I should like to ask Dr. Bardswell whether he finds, as a matter of fact, all his cases at the sanatorium are curable cases?

(*Dr. Bardswell.*) No.

(*Chairman.*) Before we go any further, I think we ought to raise the point as to whether it is your opinion that so-called curable cases should be kept in a separate institution for what we may describe as incurable cases.

(*Dr. Bardswell.*) I say yes, for a period of time; for something like three months? They have an advantage in being in a sanatorium first before being drafted to dispensaries.

(*Dr. Latham.*) I should mix the curative and the advanced clinically.

(*Dr. Bardswell.*) Personally, I would not.

(*Dr. Niven.*) First, I should like to ask whether it is possible to separate them entirely.

(*Dr. Bardswell.*) No, not entirely.

(*Dr. Addison.*) I suppose on general lines it is. Of course you would have a considerable number of exceptions.

(*Dr. Bardswell.*) Not by any means, entirely.

(*Dr. Addison.*) I want to know.

(*Dr. Niven.*) I take it this is the difficulty; you take in apparently early cases, and cases you think there is a reasonable chance of curing, and from some internal defect they go down hill very rapidly.

(*Dr. Bardswell.*) I do not think the number of those amounts to much more than 5 to 8 per cent. of doubtful patients. I take it if they do not do the first month I send them away as a rule; and the proportion I send away under those terms is not at all high; it is quite small.

(*Dr. Niven.*) Still, there would always be that difficulty; you would have a certain proportion of cases that would not recover?

(*Dr. Bardswell.*) A great deal depends upon a good dispenser.

(*Dr. Niven.*) So far as it is a difficulty, I think it is desirable to recognise that that element will always be present.

(*Dr. Bardswell.*) Yes; but the more efficient your dispenser becomes, the less that would be.

(*Sir George Newman.*) I suppose the dispenser has some effect on that?

(*Dr. Bardswell.*) A very material effect.

(*Dr. Philip.*) I was going to say, that is the advantage of linking the two.

(*Dr. Smith Whitaker.*) May I understand what we mean by separate institutions? Those buildings may be close to one another and may be under the same administrative control, and it seems to me there is a great deal to be said from the point of view of efficiency and economy in administration for taking care that your different institutions are as far as possible under the same administrative control, which means they must be fairly contiguous to one another, or may be.

(*Dr. Niven.*) That is the reason why I was rather pressing this point; because even with moderately advanced cases, when you have them under observation you will find a certain proportion give every hope of cure, but it does not always follow the earliest cases are the most curable cases.

(*Dr. Bardswell.*) You are talking of the most suitable?

(*Dr. Niven.*) Yes. Following up what Dr. Smith Whitaker has said, an observation ward would enable you to draft the more advanced cases into your curable section, so that it might be an advantage to have the two parts of your sanatorium in relation to each other.

(*Dr. Philip.*) My own experience is very much opposed to that view, that the two groups of cases should be so closely under one roof.

(*Dr. Niven.*) Under one roof?

(*Dr. Philip.*) So closely under one roof as that the two buildings are contiguous.

(*Dr. Bardswell.*) The moral effect of putting one man from the curable part to the incurable is very bad.

(*Dr. Addison.*) Would it not meet Dr. Philip's point to put these cases more under the tuberculosis officer? Would not he be the man to sort them out? Beds in sanatoria are more expensive to provide than for these doubtful cases in the locality of the people's home or in the locality of your dispensary.

(*Dr. Newsholme.*) I think at that point you arrive really at the question how many cases should be

treated at the dispensary, and how many at the temporary hospital spoken of by Dr. Paterson yesterday, which, to my mind, forms an essential part of the machinery. We are really getting to the dividing point of the amount we need for sanatoria for early cases and the amount for institutions for intermediate cases, advanced cases, and cases for temporary treatment previous to handing over to the dispensary for further treatment. I am quite sure no scheme will be complete which does not allow for a local sanatorium or hospital as well as a more distant sanatorium for the more limited number of cases that probably can be cured. In the Act, of course, there is provision made for combining various county councils and county boroughs together, for the provision of sanatoria for suitable cases for cure.

(*Dr. Niven.*) Yes, but I should like to turn to Dr. Smith Whitaker's point and Dr. Philip's point. Personally, I see no reason why these two classes of persons should not be divided under one administration. We are told it produces a very bad effect when you draft a case from the curative side to the place where they are treated, so to speak, in hospitals. Surely that bad effect is produced in any case if the man is drafted off as not being capable of being cured?

(*Dr. Bardswell.*) Not quite. The place may not quite suit, and a change of air suits him. We hardly get rid of a patient doing badly.

(*Dr. Niven.*) If change of air is what is wanted, you need not draft them into the other side at all; you can make your transference from those whom, I presume, are in the first instance not fitted for cure entirely to the curable, and not drafted from the curable side to the other side at all. That is no argument against combining the work, because you can make the movement entirely in one direction.

(*Dr. Bardswell.*) I quite agree with you there.

(*Dr. Addison.*) Would not the movement be in one direction if you had the observation room in the neighbourhood of the dispensary of the tuberculosis officer. Then there would be no question of this arising. They would only be drafted to better surroundings. They would not be drafted to worse.

(*Dr. Niven.*) Surely I am not understood to be objecting to that?

(*Dr. Addison.*) I want to know what you are objecting to.

(*Dr. Niven.*) I am not objecting to the observation ward at all.

(*Dr. Addison.*) I thought you were.

(*Dr. Niven.*) Not at all. But that is no reason why you should not have an observation ward in your general hospital, and draft from there as well as from your clearing-house.

(*Dr. Addison.*) That is what I mean; but your general hospital, where you would have your observation ward, I take it, you want put under the eye of the sanatorium officers; whereas it was in the mind of some of us it should be under the eye of the dispensary officer.

(*Dr. Niven.*) Clearly, I think it would be an advantage that they should be combined in some cases.

(*Dr. Addison.*) Yes, but I take it the sanatorium would be somewhere in the country.

(*Dr. Niven.*) Not necessarily. The arrangements would be separate, but they need not be on entirely different sites.

(*Dr. Addison.*) But in a general way it would.

(*Dr. Niven.*) No, it might not. It might be convenient to combine administration.

(*Chairman.*) You raised a point as to the observation beds. Can you tell us what you mean? Was your idea that all cases that were diagnosed should go into observation beds?

(*Dr. Paterson.*) No, it was not. It was to be left to the discretion of the medical officer in charge of the observation station as to whether the patients were to be sent direct to the sanatorium or come in for further diagnosis and observation; and also the chief function of these wards is a ready means of access to anybody who is really ill from tuberculosis. They can take them in at once, and it would be in the town somewhere.

(*Chairman.*) Then, as I understand it, you would use the observation bed for non-suitable curable cases, for more advanced cases?

(*Dr. Paterson.*) Yes; they would be used for active cases, cases of people who were incapable of going home. I mean they might be advanced or might be early; they are active, that is the point. With regard to what Dr. Niven was saying, I quite agree we get a case that ought to do perfectly well, and the whole lot of us here would pass as being a perfectly good case for sanatorium, and it disappoints us all; it does badly. One cannot tell everything about how tubercle is going to do. Also, there are a certain number of cases that are on the border line, and we cannot say whether they are going to do well or not. We send them to the sanatorium, and some do well and some do badly. We have to realise that we shall have bad cases in, and we have to do the best. What I find at Frimley, where we have a definite system of treatment, is that the patients all know the system. They go on in definite grades, and the time comes when two patients come in together, and one patient gets left right behind, and the other patient goes on and goes out. The patient who is left behind, without our saying anything to him, generally comes and says, "I do not seem to be doing any good here, I will go home." That is what generally happens. If we had anywhere to put him we should like to look after him.

(*Dr. Niven.*) I should like to follow on your remarks by asking if there were a combined administration of that sort, two sets of buildings, one for advanced cases and one for early cases, under the same administration, would it not be an advantage if such an arrangement existed for a certain number of the cases which had been sent to the clearing-house to be placed in a ward for observation in a general hospital and before transference to the more purely sanatorium treatment? Would that not be a positive advantage?

(*Dr. Paterson.*) I do not quite understand where this would be.

(*Dr. Niven.*) You say there are doubtful cases, cases of which you cannot be certain that they should be treated immediately on purely sanatorium lines. Would it not be an advantage to have an observation ward where those cases could be kept under observation for a time?

(*Dr. Paterson.*) Yes, that is what I meant. You could use these observation wards for that purpose to keep them in a week or so to see how they are going to do; but even at the end of that time you will come across a case that is doubtful, and you will give him the benefit and send him to the sanatorium, and then he does badly.

(*Dr. Addison.*) But is your observation ward near the dispensary, or in contact with the sanatorium?

(*Dr. Paterson.*) No, nothing to do with the sanatorium; it is in the city.

(*Dr. Addison.*) That has not to do with the point. That is not Dr. Niven's point.

(*Dr. Niven.*) No. I should like to make my point clear. There are frequent cases where there is a certain amount of fever, that you think may very likely be suitable for sanatorium treatment. My point is, after you have done with them in the clearing-house, will it not be an advantage to have them placed in an observation ward for a time before you put them through the purely sanatorium treatment? That would be an advantage which would exist with a combined system.

(*Dr. Paterson.*) If I might explain what is in my mind of what a sanatorium is, we shall get over that point. I am talking now of a sanatorium in the country under ideal hygienic conditions, with the best air we can get and the best climate for wage-earners whom we hope to put on their feet again to earn their wages—a very selected type of case. The man may be in the observation ward with fever, and the doctor says: "This is an early case, because he has not been ill for more than a few weeks. He has a temperature of 103, and he is not well; will you take him?" I say, "Yes, certainly. He is an early case, he has not been ill long." I conceive a sanatorium should be a lot of buildings where patients are able to be out and about all day and look after themselves. They have tuberculosis, but they are not sufficiently ill to have to

be in bed, and they are a very uneasy lot. They are all getting well and are full of spirits, and whistle and sing, and it is pandemonium, and to put sick men in there is a great mistake; so that I propose some distance away from the sanatorium, connected with it, there should be a proper hospital for febrile cases. All those patients undergoing treatment in the sanatorium who have a relapse will go in there and will be properly nursed and attended to until they can take their place in the flock once more, and that hospital will take the place of what I think Dr. Niven wants. Every patient going to the sanatorium should go through the hospital wards till he satisfies the medical officer in charge that he is fit to go on to the sanatorium proper, where he has to do a certain amount of work, and so on.

(*The Secretary.*) He has to undergo a preliminary inspection at the dispensary.

(*Dr. Paterson.*) Certainly. The medical officer at the dispensary says he has got a febrile case of tuberculosis, and he is doubtful if it is fit. I say given all these early cases a chance, and an early case means a patient who has shown that his health has recently broken down with tuberculosis. He may have cavities as big as my head, but as long as he has been in good health up to a month or two before going to the dispensary, I think he is in good health.

(*Dr. Leslie Mackenzie.*) My difficulty here is a practical one. It will fall to the Local Government Board of each country to approve the institutions. What I should like the guidance of the Committee upon is whether we are to disapprove of institutions where all classes of cases are provided for, varying from the very early case to the very advanced case. In Scotland we shall be faced with that difficulty. Provided you make the right specialisation and administration, even in the matter of locality, or in a large hospital with separate pavilions, and so on, personally I cannot see on what grounds that should be objected to. It is quite true, as Dr. Philip indicates, the moral effect of sending a man to a dying ward is anything but exhilarating. On the other hand, in Edinburgh itself, where the fever hospital have erected certain pavilions for advanced cases, necessarily, as the result of experience, the cases were treated on sanatorium lines. Of course, we must remember that this case of early, middle, and advanced, is a purely clinical series of distinctions. It may vary from the kind of case Dr. Paterson speaks of, with large cavities, which one man may call advanced, and for perfectly adequate reasons, but which another man would call early. That being the practical difficulty that all classes of case will come to you, a great many of them needing institutional treatment of some sort, are we as a Local Government Board to approve of anything which is a curable institution. We want elasticity. It is quite desirable there should be institutions as far as possible located for curative purposes; but whether they should be entirely separate from each other, with a separate administration, I do not think it wise.

(*The Secretary.*) Not absolutely separate administration.

(*Dr. Leslie Mackenzie.*) I am thinking of this case.

(*Dr. Addison.*) I am sorry to interrupt you, but I thought this was the thing we were trying to discover.

(*Dr. Leslie Mackenzie.*) That is why I am asking.

(*Dr. Addison.*) I suggest we should be in a better position to give it later on.

(*Chairman.*) I think the Committee is trying to find what sort of advice they would like to put before the public and the Government.

(*Dr. Leslie Mackenzie.*) Yes, I know; but the proposition put before you, and which we were almost about to pass, was that it is desirable to have the sanatoria as separate institutions, and it is Dr. Philip's view that it is a bad thing to associate the treatment of other cases with curable cases. Personally I am not clear on the point.

(*Mr. Stafford.*) Surely that is the very point we are trying to leave to the experts.

(*Dr. Smith Whitaker.*) I think, although it is very desirable to obtain from the experts information, and all that sort of thing, at the same time it is a pity we should lose time through confusion of issues on questions of terminology. I thought Dr. Paterson did a good deal to clear the ground when he gave his

definition of the term sanatorium. The term sanatorium is a term which may be used in any of half a dozen senses. Perhaps some people might call it a sanatorium, and others a hospital. If we can all agree as to the meaning to be attached to words, we shall be sure of our way. Then as to the meaning of the word "separate," it seemed to me we were going to be in danger of losing ourselves in fog through different meanings being attached to the word "separate." It seems to me the experts meant by "separate," separate buildings; but the official mind understands by "separate," a separate administrative control; and from the point of view of administration the question of whether two buildings, perhaps within 2 or 3 miles of one another, and perhaps having no obvious connection to the outside person, should be under an entirely separate government or the same government may be a very important matter, and it seems to me at all events that Dr. Paterson's explanation, if it were accepted by the other experts, would go a long way to clear the ground. I do not think the question of the observation ward conflicts with Dr. Niven's views, and what, if I may say so, are mine. That is to say, I thought we were all agreed, at least I gathered we were, that you are going to have a dispensary, and you are going to have attached to that dispensary what you may call both an observation ward and an emergency ward. I think you need both wards. It is not merely an observation ward in which you are going to watch cases, but it is also, as Dr. Paterson has pointed out, an emergency ward in which the person who is taken seriously ill may be taken from his old surroundings, and he may be in proper conditions in bed until he is fit to be drafted away to somewhere else. Then, coming to the question of the sanatorium and hospital, I thought we had advanced a long way, and that we had got to the idea that one confined the term "sanatorium" to an institution, as Dr. Paterson says, where a patient of whose ultimate restoration to health there is very considerable hope, may be placed under the most favourable surroundings, who is fit to be up and about. At the same time we all know as a matter of science that advanced, early, intermediate, or late, is a thing which will vary from observer to observer, as regards the actual determination at any given moment, and you must be prepared for all these contingencies. Then I take it we are getting to the word "hospital" as the place in which you are going to put the patient of whom the observer at the moment has comparatively little hope of recovery. I think that is as near as you can get to determination. It all depends on the frame of mind of the person who is sorting. One case is one about which he has considerable hope of recovery, and the other is a case about which he has little hope of recovery, and you draft them to one institution or another. I must say it seems to me there is a great deal to be said, and I have not heard yet to the contrary, for those institutions or buildings or establishments, however separate they may be topographically, being under one administrative control. That seems to me to be a proposition which has a great deal to be said for it, and all the arguments one has heard in any other sense appear to be arguments tending to confuse the issues in question of topography and not on the question of administration at all.

(Dr. Philip.) There can be no question *quâ* administration. I think we are all agreed, in fact, the whole purpose of this Committee is, that there shall be notification and administration. It is a totally different question as to how far these various institutions concerned with the treatment of different groups should be united as it were under the same roof, and how contiguous they should be. I want to record decidedly my opinion that we should distinguish as far as possible cases in which the arrest of the disease may be expected, cases of advanced disease beyond the hope of recovery, and as to whether there should be a third institution for intermediate cases is a matter of indifference. Once you separate clearly between these two types, however the separation is made, we must take care that these two institutions are not contiguous to each other, otherwise it seems to me we are getting into a hopeless position.

(Dr. Bardswell.) Are we assuming that all bad cases are going to the institution? A good many of the

bad cases Dr. Philip refers to would go to him rather than to the institution, in my experience.

(*Dr. Mearns Fraser.*) Is there any reason why the advanced case should be treated at a separate institution?

(*Dr. Niven.*) I think this point is rather important. I think we ought to have some reasons why these two buildings should not be, as it is called, contiguous. By that I have defined that they should not be placed upon the same site. That is, I think, what Dr. Philip means. Is that what you mean by contiguous?

(*Dr. Philip.*) That would be included.

(*Dr. Niven.*) So that you shall not take one general piece of ground and put on one part of it the more advanced cases, and on the other part the sanatorium treatment. You object to that?

(*Dr. Philip.*) I object to that.

(*Dr. Niven.*) I see no reason whatever against it.

(*Dr. Addison.*) There is not any nominal reason. Is there not a reason that the accommodation you would provide for hopeless cases would be entirely of a different kind to the accommodation you would provide for, say, febrile cases? If that is so, is there any necessity to divide? They want to be near their friends, and their friends want to be near them, and we do not therefore want to land ourselves in a big capital expenditure simply for hopeless cases, when we may use existing places in the neighbourhood of the dispensary, or what not, at much less cost for these hopeless cases. It seems to me to be a very important reason why Dr. Paterson understands the sanatorium as being some place in an ideal place in the country. If we have to put the hopeless cases there, we are going to move them from their environment at a big cost, and it is a very material objection.

(*Dr. Niven.*) No, it is the other way round.

(*Dr. Leslie Mackenzie.*) May I ask Dr. Addison how we are to come to the conclusion it is a hopeless case, and why a hopeless case which needs to be removed more than any other from its environment, and needs precisely as good hygienic conditions as you can get, should be considered as hardly worth spending money upon?

(*Dr. Addison.*) I would remove them from their home, but into a hospital, or whatever you may call the institution for such class of cases, more or less in the neighbourhood of their districts, where their friends can come and see them. They will be under good hygienic conditions; but it will be a very different thing to taking them right out into the country to a place which we have to build at a very high cost.

(*Dr. Leslie Mackenzie.*) In towns, I quite agree with you.

(*Dr. Newsholme.*) I think we are talking in the air. We all mean the same thing.

(*Dr. Niven.*) No; surely, in any case, whether you take them near a town or whether you take them away to a distance, it must be a great economy to have one set of administrative buildings and one authority, staff, and arrangements generally for the treatment of both classes of case. There can be no objection, surely, to the sanatorium superintendent superintending more advanced cases as well as early cases.

(*Dr. Bardswell.*) I should hope many of your bad cases would go into an institution near the town, as Dr. Addison says.

(*Dr. Newsholme.*) I think it comes to this: where it is practicable we should like to have a sanatorium for cases which we believe to be curable in an ideal position, and that can easily be got by the combination of county boroughs or county councils; but I am quite certain there will be cases in which it will be desirable, or even necessary, to combine a sanatorium for all the forms of institutional treatment. Take, for instance, a town I know very well—Brighton. If I were medical officer of health at that town, at the present time, I should put forward a scheme by the Local Government Board combining the treatment of every form of tuberculosis—advanced, intermediate, and early, and I venture to submit that scheme would be approved by the Local Government Board and would be completely satisfactory. I do not think it is necessary to have such a scheme. The point of view of the advanced cases need not come in at all. That is a matter of administration.

(*Dr. Addison.*) What would you do in London?

(*Dr. Newsholme.*) In London it is a different case. I am taking a small town. I should be sorry indeed if

this Committee passed any resolutions which put an absolute veto on that. It would reduce us to an administrative difficulty at once, and I hope the Committee will not commit itself on either side on that point, because local circumstances vary enormously. We all agree as to the ideal, and we all agree that that ideal will be able to be carried out in a great number of cases, but in other cases there will have to be combinations.

(*Dr. Leslie Mackenzie.*) I want to ask a question of Dr. Paterson as to the sanatorium which he describes for the strictly curable case. The case he described we also provide for at the other end of the scale. What do you propose to do for the intermediate case, which has a febrile attack—the curable case which may be looked upon by a great many as advanced, and even incurable? Are we to have nothing intermediate?

(*Dr. Paterson.*) A man has broken down during treatment or at home.

(*Dr. Leslie Mackenzie.*) Are you proposing to cover every class of case from the dying case to the best type of curable case from your observation and emergency ward on the one hand and your hospital on the other? Are you providing for every class of case?

(*Chairman.*) Might I suggest that we should confine our discussion at the moment to the ideal sanatoria for people with a reasonable prospect of being able after treatment to support themselves either wholly or partial. Would not that cover what we have been describing as early or curable, and that is the first type of building which we have put down here as at the hospital.

(*Dr. Leslie Mackenzie.*) As long as that does not prejudge the case as put by Dr. Newsholme.

(*Chairman.*) He has admitted an ideal sanatorium.

(*Dr. Newsholme.*) I did not admit it. I contended for it.

(*Chairman.*) We all admit a sanatorium; but what I say is the line between one class of case and another is a purely artificial line, which varies with every man who watches the case. So much so was that, that in the very first resolution we knocked out the words "early, intermediate, and late." I think myself they are very misleading words from an administrative standpoint, and they should not be read as determining the nature of the institution. We had that feeling when we were discussing that resolution, as I understood, in that way for pulmonary phthisis and other forms of tuberculosis; consequently I do not think we should go on the line of merely determining the nature of the institution by this clinical quantity, which may vary, as Dr. Paterson has indicated, from cavities the size of his head to a very small amount, and yet that an early case might be such as to justify it.

(*Dr. McVail.*) I think perhaps Dr. Paterson has in his mind the case of London and its requirements, where to get an ideal site and not have to go a long way out. With regard to dying cases, and cases which require not to be far away from the friends, you have a site in the city; but if you take the next biggest town in Great Britain, Glasgow, they have, two or three miles out from the town, and within a mile or so perhaps of the tramway cars, what I quite believe Dr. Paterson might regard as an ideal site for cases requiring sanatorium treatment in his sense, and at the same time that site is so convenient to the town that it would quite well do for hospital purposes to which patient's friends could come from the city, and for all classes. In a case of that kind there would be great administrative advantage in having all the buildings near each other. At the same time, at Edinburgh it is situated so that it is convenient to the city, and yet it would quite likely be regarded as admirably suited for sanatorium purposes.

(*Mr. Stafford.*) I think from the administrative point of view we ought to have a very clear definition, and at the same time a very broad definition of the meaning of sanatorium, and the meaning of hospital and the meaning of dispensary. I do not think, after that, it would be for this Committee to tie the hands of the various Local Government Boards in dealing with the local authorities. There would have to be an enormous amount of give and take in order to try and get this scheme working all over the country, and for

that reason I suggest that you should not too closely define what a sanatorium is. That is, you give a certain amount of elasticity, a certain amount of give and take, so that the Local Government Board afterwards may be able to arrange with the local authorities to treat. Possibly if you decide it is a proper thing to put both early and late cases not in the same building, but possibly on the same grounds, for instance, you may have three or four acres of land at a certain place, is there any reason in the world why you could not have a place for the early cases and a place for the late cases on that site of three or four acres? I therefore ask you so far as possible not to bind us too closely. If you bind us too closely, afterwards the Local Government Board will be in constant dispute with the Treasury as to whether the money can be advanced for this and that institution, and the Treasury will go back and say, "Look what the Committee said about this, that, and the other," and we should have interminable difficulties, not only with the Treasury, but with the local authorities.

(*Dr. Addison.*) I am sure that must be very important, that we should have elasticity; but it does affect future consideration if we have the conception that we would allow in necessary instances, as for instance, in London, the adoption of existing buildings for certain classes of more or less hopeless cases, and so forth. It will make a difference to what we shall have in our minds when we are dealing with the allotment of capital funds.

(*Dr. Newsholme.*) I do not think that is necessary, because you may allow so much per bed for both institutions combined.

(*Dr. Addison.*) Yes, but the cost per bed will be very much more in a deliberately planned new sanatorium than it would be in the adapting of an existing institution.

(*Dr. Newsholme.*) Speaking generally, hospital beds cost more than sanatorium beds.

(*Dr. Addison.*) Do you mean adapting an existing place for that class of case?

(*Dr. Newsholme.*) Assuming you have to buy it in the market. I mean providing it. Of course, I am not aware that there are adaptable buildings going begging.

(*Dr. Niven.*) I should like to ask the experts a question on this point. Is it not a fact that under proper administration curable cases might be largely, if not almost entirely, treated in shelters for the purpose?

(*Dr. Mearns Fraser.*) At dispensaries.

(*Dr. Bardswell.*) It is not very easy from the point of view of administration in very large numbers. I would much rather have them in buildings. They are apt to be a nuisance in outlying shelters. You cannot supervise them, and discipline is very hard to maintain.

(*Dr. Niven.*) You require buildings as well, but a considerable section could be treated in shelters, and are.

(*Dr. Bardswell.*) Some proportion of them may be, but I do not think it is on a very large scale.

(*Dr. Addison.*) Might we hear one or two of the experts on this point of the adoption of existing buildings for hopeless cases, as to whether the cost per bed is more or less?

(*Dr. Philip.*) For advanced cases?

(*Dr. Addison.*) Yes.

(*Dr. Philip.*) I am strongly of opinion that many buildings might be adapted for advanced cases.

(*Dr. Addison.*) Would it be at a lower price?

(*Dr. Philip.*) A much lower price. In other words, that was my point in connection with the previous point.

(*The Secretary.*) What kind of buildings; warehouses?

(*Dr. Philip.*) Warehouses and churches. I will begin with ordinary dwelling-houses.

(*The Secretary.*) Supposing you begin with ordinary dwelling-houses? Do you not think it would raise a great outcry amongst the owners of the dwelling-houses? Would it not be said: "You are having all these advanced cases, with no means of isolation?"

(*Dr. Philip.*) Not if you have sufficient houses together.

(*The Secretary.*) If you bought a whole row.

(*Dr. Philip.*) I am assuming that.

(*Dr. Newsholme.*) I was assuming, when I made my remark, that the hospital beds would be of a proper character, with proper warming apparatus, and not free perforation like you get in a sanatorium. Given that condition, hospital beds cost more than sanatorium beds, or ought to cost more.

(*Dr. Niven.*) Does not Dr. Philip treat his patients to a considerable extent in shelters?

(*Dr. Philip.*) I am coming to that, but that is a different issue.

(*Dr. Niven.*) No, it is the issue; because if you utilise shelters to a considerable extent, the cost of the sanatorium bed pure and simple ought to be considerably less than that of the other bed.

(*Dr. Philip.*) Dr. Addison is speaking about that.

(*Dr. Niven.*) That is the question.

(*Dr. Mearns Fraser.*) I should like to know whether we are discussing really the best size a sanatorium should be for administrative purposes or whether we are discussing the amount of accommodation required. They are quite separate issues. Some talk of one and some of the other. Are we speaking of cases under sanatorium conditions required in the country, or the actual size of the sanatorium for administrative purposes?

(*Chairman.*) We are discussing the general size of the sanatorium.

(*Dr. Mearns Fraser.*) That is to say, quite apart from the amount of provision we want for the whole of the country; simply the size of the sanatorium.

(*Chairman.*) Yes.

(*Dr. Mearns Fraser.*) Then we must not discuss the use of outside shelters and that kind of thing. It is not permissible.

(*Chairman.*) Perhaps Dr. Paterson could go back a moment on some of the questions that have been raised.

(*Dr. Paterson.*) I have not made myself clear. I have drawn a diagram to see if I can show what I mean. *This* is the clearing-house, where the cases go for diagnosis and dispensary. *Here* are the beds under the medical officer in charge of the clearing-house, and *here* are the patients that go home and are treated at home, and *here* are the patients who are hopeless and dying. I do not advocate taking them away from their home. They ought to be near their friends, so that they can die in comfort. From the clearing-house and from the beds there are a certain number of cases that are doubtful as to whether they are going to do well or not, so they go to *this* hospital. Other cases go direct from the clearing-house to the sanatorium. Then some cases that go to the hospital wards, which are all, you see, under the same administration on the same piece of land, go to *that* hospital, and they are found unsuitable and go *here*. The point I make about this type of case is, that when a man is cleared and he does not think he is very well, you send him to *this* hospital and he makes no progress at all; he then realises he is a bad case, and he does not mind going *there*, whereas he would not go from *there* to *there*. The same thing applies to patients in a sanatorium. When they have been in *here* and do badly, they are put in the hospital, and if they get well again, they are put back in the sanatorium and go back to work. But if they keep getting back into *this* hospital and they are not doing well, then they have no objection to going *here*. *This* hospital has the advantage that it is away from the noise of the sanatorium, where the sick can be properly treated. It is only a hospital ward, and whenever a patient breaks down or has a temperature, they go there and remain there until they are restored to health.

(*Dr. Niven.*) I submit that is a very strong case for the combination.

(*The Secretary.*) You agree that all the people looking after those should be in very close touch with one another: the dispensary superintendent should be in very close touch with the sanatorium superintendent.

(*Dr. Paterson.*) They must be able to go for each other in a friendly way when they make mistakes.

(*The Secretary.*) All on that diagram must be part of one organised scheme.

(*Dr. Paterson.*) They must all work together.

(*Chairman.*) I gather, if I may say so, that Dr. Paterson bases his calculations on the fact that a

large number of people when they realise there is no ultimate hope of their becoming cured, will not go off and be isolated in an existing building, but they want to go comparatively near their families.

(*Dr. Paterson.*) Yes, and it is unnecessary to keep them in a sanatorium up *here*. They can go to much cheaper beds up *there*, because those beds are much more expensive than *these*. At present *these* beds are non-existent except under the poor law, and under the poor law my experience was, when I was at Brompton, where I was for four years, if you said to a man: "I will get you into the infirmary," it was not very easy to get him in, because very often the relieving officer would not take him in; you tried to get them to agree to go and they would say no. They have a hatred of going to the infirmary, whereas if this was not poor law they would go in like a shot.

(*Dr. Addison.*) I do hope this point of sending hopeless cases right away to a sanatorium will not be pressed. I am perfectly sure the public would not stand that.

(*Dr. Leslie Mackenzie.*) There is no intention.

(*Dr. Addison.*) There is.

(*Dr. Leslie Mackenzie.*) I do not think Dr. Niven is pressing that at all.

(*Dr. Niven.*) Not at all.

(*Dr. Philip.*) It is rather suggested in that diagram.

(*Dr. Niven.*) No, it is not; it is entirely opposed to what I said.

(*Dr. Philip.*) I was going to say that is really a modification of the sorting scheme of activity we have had in Edinburgh for so many years. If you will allow me to say so, it is not a specially good modification. First of all I will mention what we have. In Edinburgh we have a central authority which sorts out the cases, and closely related to that is the sanatorium for early cases. Equally close to that is the hospital for advanced cases. Our principle has been that the dispensary should be the sorting house immediately. We do not believe in the principle that an advanced pronounced case should go to the sanatorium at all. We have had no difficulty in getting patients who are really gravely ill to go at once from their own home to the hospital for advanced cases, and I think it is a great mistake that any patient who is really in an advanced state, or even a doubtful state, should be sent to the sanatorium at first. Dr. Paterson suggests it is much easier to persuade him to go there and then slip him back to the hospital for advanced or dying cases.

(*Dr. Paterson.*) No, I did not make that suggestion.

(*Dr. Philip.*) I thought you said that.

(*Dr. Paterson.*) *Here* is the clearing-house connected with the advanced beds with a line.

(*Dr. Philip.*) I thought you said you took a large number up to the sanatorium similarly.

(*Dr. Paterson.*) No. I see a man who is on the border line, and thinks he is going to get well, and will not go to the dying-house. The advanced cases go to the homes for the dying.

(*Dr. Philip.*) In other words it is exactly the same sorting scheme we have had at Edinburgh so long, and we find it has acted perfectly well, but we have a clear separation.

(*Sir George Newman.*) But you have not hospital and sanatorium on the same estate?

(*Dr. Philip.*) You mean the hospital in relation to the sanatorium.

(*Sir George Newman.*) At the Royal Victoria Hospital in Edinburgh the sanatorium and hospital are not on the same estate.

(*Dr. Philip.*) I was going to say for all intents and purposes a certain number of pavilions are used as the hospital at the sanatorium, but a certain number of the patients are moving about, and a large proportion of them are occupying shelters, thus making the primary expense very much less.

(*Dr. Niven.*) That is my point, that the expense is much less.

(*Dr. Leslie Mackenzie.*) The hospital for advanced cases which Dr. Paterson has is at Bennenden Hospital, and, of course, that is entirely under the same administration.

(*Sir George Newman.*) That is a modification of Dr. Philip's scheme, in that he proposes two buildings, and he has one set of buildings.

(*Dr. Niven.*) You mean on the sanatorium park.

(*Sir George Newman.*) On the sanatorium estate.

(*Dr. Paterson.*) We have beds at the clearing-house.

(*Dr. McVail.*) With reference to Edinburgh, it will save confusion if it is recollected that the sanatorium is the same as hospital, and is not sanatorium apart from hospital.

(*Dr. Bardswell.*) I strongly support Dr. Paterson's case. When the King's sanatorium was built, it was supposed to have the best advice behind it, but my difficulty is that there is no such accommodation. They put up the top floor with the idea that that is the hospital block, which is totally impossible. There is a noise round them, they see the patients in bed, and I would much rather have them away from all the rest and the noise. It is a very strong argument that Dr. Paterson suggests.

(*Dr. Niven.*) That is my strong argument; because that is what I had said.

(*Dr. Smith Whitaker.*) It seems to me it comes back largely to a question of terminology, only the confusion happens now on the use of the word "hospital." The fact is you have two hospitals, one hospital in the city for advanced cases, and you have, whatever you like to call them, they may be pavilions for the sanatorium, or they may be a separate building which you call a hospital in connection with the sanatorium. The essence of the matter is, you must have accommodation in close connection with your sanatorium for those people who require to spend their day in bed. It does not matter what you call them. Then coming back to my point of administrative control, in one sense the whole thing is under one administrative control, perhaps under the county council, or whatever it might be, but that is not quite what I meant by under the same administrative control. What I meant was under the same medical superintendent, and it seems to me what you want is in connection with every sanatorium, whether it be five miles away or two miles away, or as many miles as you want to get it away from the noise, there shall be beds that are under the control of the same medical superintendent who controls the sanatorium to which he can transfer cases. Then as regards the question of the advanced cases, I certainly did not understand Dr. Paterson to propose that a very advanced case should go to the sanatorium before he went to the home in the city; that the whole question of which cases shall go at once and which cases shall go to the sanatorium first is a question of expediency to be decided according to the circumstances of each individual case by the man in control of the city institution. The man in control of the city institution has three things under his control, or closely connected with it. He has the dispensary, he has the observation wards, and then he has, either under his control, or in close connection with him, this institution, whatever it may be, to which the hopeless cases may be sent. But he is in working affiliation with, though not himself having under his control perhaps, the sanatorium, and the man in charge of the sanatorium has under his control beds to which he can send cases when it is necessary, in accordance with their condition. That is how I understand the plan of administration to be.

(*Dr. Niven.*) In is pretty near us.

(*Mr. Stafford.*) There may be possible shades of difference between Dr. Philip and Dr. Paterson, but really for all practical purposes they are the same.

(*Dr. Jane Walker.*) Would it not be better for the purposes of terminology to call the hospital part the acute block?

(*Dr. Paterson.*) Active.

(*Dr. Jane Walker.*) Yes. Where you have a working-class sanatorium with two beds in a room, you very often have to move a patient, if you get a very bad case, and you put him in an acute block. We are a working-class sanatorium.

(*Chairman.*) Might I suggest that we dealt yesterday with the clearing-house, then we have got what we may call the observation beds, then we have what we may call the hospital for the most advanced, then we have the sanatorium and sanatorium hospital, whether under one roof or under two roofs. Now I suggest we should confine our discussion to the sanatorium and sanatorium hospital, which would include active.

(*Dr. Niven.*) I submit you cannot very well do that, because a sanatorium hospital in one case may take more advanced cases, and another time take simply a few cases sent back from very early treatment.

(*Dr. Jane Walker.*) It does not affect the question of sanatoria in the acute block, does it?

(*Dr. Niven.*) It affects the question of combination of different institutions.

(*Chairman.*) At all events let us make an attempt, if we can, to confine ourselves to sanatorium and sanatorium hospital, and I think we might ask Dr. Paterson, as he was kind enough to start the last discussion, to give us his views on the number of beds in each institution, and the cost.

(*Dr. Paterson.*) I think the number of beds has been fixed.

(*The Secretary.*) You said from 100 to 250.

(*Dr. Paterson.*) That is my idea.

(*The Secretary.*) But you did not allocate them, and say how many beds you would have in the acute block and how many in the other.

(*Dr. Paterson.*) In a place that size I would have between 50 and 60.

(*Dr. McVail.*) Is that in addition to the 200 or 250?

(*Chairman.*) 20 per cent., I may take it?

(*Dr. Paterson.*) Yes, that is what we find we have in beds at Frimley—about 20 per cent.

(*Dr. McVail.*) And that is included in the maximum of 250?

(*Dr. Paterson.*) Yes.

(*Dr. Philip.*) Have you 20 per cent.?

(*Dr. Bardswell.*) It is more than I have.

(*Dr. Jane Walker.*) And it is more than I have.

(*Dr. Paterson.*) That depends on the system. I mean we keep them in bed perhaps a good deal more than some people.

(*Dr. Jane Walker.*) I do not keep as many as those in bed, and I have more bedrooms.

(*Dr. Paterson.*) I do not say 20 per cent. in bed each day, but you run up to a maximum of sometimes 30.

(*Chairman.*) What about the cost of the site?

(*Dr. Paterson.*) The cost of the site depends, of course, on the kind of land you are going to have. My idea would be to get land, not up a mountain, as some people think you ought to go, about 500 feet up, and I should not get further than Frimley is, if I could help it, from a railway station, owing to the cost of maintenance. Then with regard to the site, it wants to be what one terms a bracing place. I do not know how else to describe it. I would not go to a relaxing climate. The actual position of the sanatorium wants to be well surrounded by trees, to break the wind, because it is so uncomfortable for the patients if they are blown about. Then I should be inclined to have 200 or 300 acres at least of land and try and run, with the patients' help, in connection with the sanatorium, a farm and garden, cows, sheep, and everything else you could run to try and make the place as self-supporting as possible. If it is possible to get near water-power for your electric-light, it certainly should be taken into consideration. On the other hand, if you are going to employ your patients out of doors, it is a very good thing to go to a place where there is a very small rainfall, and get the lowest rainfall you possibly can. At Frimley we have about 25 inches, and it is exceptionally low. It is very disagreeable for the patients if they keep on getting wet day after day.

(*The Secretary.*) Do you favour any particular soil?

(*Chairman.*) Or shall we put it, is there any to be avoided?

(*Dr. Paterson.*) I would avoid very heavy, clayey soils, because they are so disagreeable.

(*Chairman.*) Dr. Philip, you would probably agree, and probably we would all agree, to avoid heavy soils?

(*Dr. Philip.*) I should.

(*Chairman.*) Is there any particular climate to be avoided?

(*Dr. Bardswell.*) I would avoid a heavy rainfall.

(*Dr. Philip.*) Yes.

(*Dr. Bardswell.*) *Apropos* of trees, I would avoid dense forests. We have too many trees. It makes the air very close, and there is not enough ventilation.

(*Dr. Philip.*) With regard to the question of elevation, I think that must not be pushed too far. It is a great mistake to press for elevation. I am very strong on that point, that to press for something like 500 feet is a mistake. Sanatoriums exist all over the world at different elevations, some down at the seaside. While I do not care for the sea so much, still the results are quite good, and the results of an elevation of 500 feet are singularly unsatisfactory.

(*Dr. Bardswell.*) I think sea level makes no difference at all. At a sanatorium I had, the results were very much like that, and at the sanatorium near Hove, the results were very satisfactory.

(*Dr. McVail.*) I am much interested in what Dr. Paterson says as to rainfall. A moment ago I was talking of the possible arrangements in Glasgow, where two or three miles from the city there is a very fine site which belongs to the corporation, and which has been thought of for hospitals, and would be thought of in connection with phthisis. I suggested to-day that that place was so near Glasgow it would do for different classes of cases, sanatorium cases and other cases that ought to be moderately near the homes of the patients, so as to allow their friends to see them. But the rainfall in Glasgow and all round the west coast of Scotland is 40 to 45 inches. I would like to know from Dr. Paterson and other experts whether that practically excludes sanatoria from the west of Scotland. The rainfall in Edinburgh is about 25 inches, is it not?

(*Dr. Philip.*) Yes.

(*Dr. McVail.*) In Glasgow it is 45. I have visited a sanatorium in Renfrewshire, and there was a heavy mist when I was there. I could see nothing in the river valley. It appeared to me to be a very doubtful thing whether there should be a sanatorium there at all. It would immensely affect the policy of Scotland if we get experts to advise that there should be no sanatoria along the west coast, for example, the place about which you heard from Dr. Leslie Mackenzie yesterday, which is on the west coast, or near the west coast; and the rainfall in Ayrshire must be very high, too; so that that would greatly limit the sites for sanatoria in Scotland if we have to have a low rainfall, and it would be better to know it.

(*Chairman.*) As to this question of rainfall.

(*Dr. Bardswell.*) At Llan-y-buthr I believe the rainfall is 40 to 45 inches. One of my old officers is medical officer there, and he is quite pleased with his results; so that apparently you can cure tuberculosis with a very heavy rainfall.

(*The Secretary.*) I suppose there is no comparable data showing that a sanatorium in a dry climate is more effective than a sanatorium in a wet climate?

(*Chairman.*) Did not I hear from Dr. Paterson the reason he wished to avoid a heavy rainfall was because of the depressing influence on the patients more than the actual effect on their treatment?

(*Dr. Paterson.*) Quite. I am not saying rainfall has any adverse effect on consumption; but it is very depressing to the patients, and it is also very uncomfortable. I think it does them no harm for them to get wet through.

(*Dr. McVail.*) That is very satisfactory, because a Glasgow man is used to a very heavy rainfall.

(*Dr. Paterson.*) I also had an assistant at the West Wales Sanatorium, and when I went to see the patients working, each of them had four poles, and on the top of them was a sheet of corrugated iron under which they were working. The rainfall was so heavy that they had to have protection. As regards the seaside, those at the seaside seem to do very well. I think the atmosphere which makes the patients cough a lot is when it is saturated with moisture, and that is the only thing I know against a wet climate.

(*Chairman.*) Might I ask that we should go back to the area and staff minimum and maximum which would really affect the cost, which is what we are trying to get at. I think we are all agreed, as far as climate is concerned, that we really want to avoid a very relaxing climate. As far as subsoil is concerned, we only want to avoid a very heavy clay soil; but otherwise there is nothing to be avoided.

(*Dr. Philip.*) I press rather against elevation.

(*Dr. Paterson.*) As to elevation, you always feel fitter when you are up a bit than down in a valley; that is common knowledge, I think, and as you have to select a site somewhere, if you have an opportunity, I should have it up so that you can get some sort of view; because when these patients are in a place for 3 or 4 months there is nothing more depressing than to be shut in and see nothing at all.

(*Dr. Niven.*) I should really like to ask a question about the clay soil. Why is clay soil going to be so unfavourable as a site? It is on account of damp?

(*Dr. Philip.*) There is always a cold feeling about it.

(*Dr. Niven.*) What is your hospital?

(*Dr. Philip.*) Part of it is clay.

(*Dr. Niven.*) Still you get excellent results. I do not see that clay is a bar.

(*Dr. Philip.*) No.

(*Dr. Jane Walker.*) The point is where labour is used, a clay soil is so much heavier to work.

(*Dr. Paterson.*) I was going to say, if you have to choose any soil, I should avoid clay. I am not saying it is absolutely prohibitive.

(*Dr. Jane Walker.*) I should avoid it.

(*Dr. Paterson.*) If you can get away you do.

(*Dr. Philip.*) But there is one very important point, if you will allow me; that is, it seems to be conceded in all this discussion that you are going far away from a town. I want to emphasise very much that the site of all tuberculosis institutions should be as near the centre of supply as possible. It seems to me it would be a vast mistake if we are going to have a conception in this Committee that for a sanatorium with even the most perfectly therapeutic procedure we require to go far from town. You can get as good results near a city. We are only a mile and a half from the city, and we are not elevated.

(*Dr. Latham.*) You have very few factories in Edinburgh.

(*Dr. Philip.*) We have a considerable number.

(*Dr. Addison.*) It affects the cost of the land.

(*Dr. Philip.*) If you are out 5 or 10 miles it does not seriously affect it.

(*Dr. Addison.*) I was only mentioning that.

(*Dr. Philip.*) I know; but when you come to the question of the cost of administration, and so on, it affects it very much. Further, and this is the most important thing from the preventive aspect that we have touched on yet, if you give our people the conception that in order to be cured they have to go to a high mountain, to a pine-clad slope, to 20, 30, or 40 miles away from their own surroundings, you produce a fallacy and they will not in their own homes adopt the methods both of prevention and cure.

(*Dr. Latham.*) I cannot quite agree with that. I can only say patients come to Midhurst all the way from Japan, Australia, and Africa, and I do not experience any trouble whatever as regards the patients' feelings.

(*Dr. Philip.*) I did not mean their feelings.

(*Dr. Bardswell.*) As regards altitude, and so on, you must bear in mind the question of haulage. King's Sanatorium is very high indeed, 3 or 4 miles up a big hill, and in snowy weather I cannot get things up at all. The traction engine will not take the hills, it slides down like a sledge. I think they are very practical points with regard to haulage.

(*Chairman.*) If we can, let us get the cost per bed. Dr. Philip, what acreage per bed do you have? You have mentioned a sanatorium practically in a big town.

(*Dr. Philip.*) We have some 17 acres for 100 beds; I cannot make the calculation.

(*Chairman.*) Then you have nothing in the way of a farm in connection with it?

(*Dr. Philip.*) I was going to say, beyond that 7½ miles off, we have a large farm colony.

(*Chairman.*) Where you send your patients after they have been treated?

(*Dr. Philip.*) A certain proportion.

(*Chairman.*) Dr. Paterson, when you mentioned a sanatorium, which presumably was not in a town or not near a large town, you referred, I think, to 200 or 300 acres for a sanatorium of 200 to 250 beds, including what we describe as a sanatorium hospital; is that correct?

(*Dr. Patterson.*) Yes,

(*Chairman.*) That is to say, one acre per bed?

(*Dr. Latham.*) Yes, a minimum of half an acre; it should not be less than half an acre.

(*Chairman.*) That is because you want to include in a sanatorium some form of market garden or farm?

(*Dr. Latham.*) Yes.

(*Dr. Jane Walker.*) I should say half an acre per bed.

(*Dr. Niven.*) Of course that does not apply to the sanatorium itself, that only applies to the farm; and you could treat the two things quite separately. You could erect a sanatorium first and then arrange for your farm afterwards.

(*Dr. Philip.*) That is why I put that in first.

(*Dr. Paterson.*) At Frimley we combine the two.

(*Chairman.*) Of course this has a certain bearing on the cost, because I gather you pay a certain amount of your expenses by the farm.

(*Dr. Paterson.*) Dr. Jane Walker does.

(*Chairman.*) Perhaps you can give us your experience? I gathered from you, Dr. Philip, you do not send your patients to the farm after they have been through the sanatorium.

(*Dr. Philip.*) We do a large amount of work at the sanatorium too—a regular system. The whole keeping up of the estate is done by our patients in the sanatorium proper.

(*The Secretary.*) Where do these men sleep who go to the farm colony?

(*Dr. Philip.*) At the farm colony.

(*Chairman.*) They have practically finished with the sanatorium?

(*Dr. Philip.*) Yes, a certain proportion.

(*Chairman.*) So that they do not really pay for the running expenses of the sanatorium by their work in the same way as Dr. Jane Walker does. There you grow your vegetables?

(*Dr. Jane Walker.*) Yes, and I have a French garden, too, where the bulk of my patients do the work, which I have found is very suitable work both for men and women who are not very strong; so that they can begin work practically immediately. The work in the French garden is really so well graded that the most delicate people can begin to work at one thing or another, such as basket-making, painting, or glazing the bell jars or frames, and right away through to the hardest possible work all the day long.

(*Chairman.*) Do you allow half an acre, or an acre?

(*Dr. Jane Walker.*) We have more than that at the present moment.

(*Chairman.*) But you do not consider it necessary.

(*Dr. Jane Walker.*) Not absolutely. I think, on the East Anglian Estate, we can accommodate another 30 or 40 persons; we have 100 acres.

(*Dr. Addison.*) How many patients have you?

(*Dr. Jane Walker.*) I am in rather a peculiar position, because I combine both what I may call Midhurst and Frimley; because I have a paying department where we have 45 beds, and a working-class department, where we have between 50 and 60.

(*Chairman.*) So it practically comes to one acre per bed.

(*Dr. Jane Walker.*) It does at the moment, but I think it is capable of more, because we work very intensively. At present I have an acre and a half of French garden where people are working.

(*Dr. Paterson.*) Cows?

(*Dr. Jane Walker.*) Yes, we have 68.

(*Dr. Paterson.*) And sheep?

(*Dr. Jane Walker.*) No, I have tried sheep, but they are not very satisfactory. I have geese and rabbits, which we are growing for the market, a great many chickens and lots of pigs, of course; we have between 20 and 30 pigs. Of course, I have a considerable amount of glass as well, and some of the patients are fit to work in the greenhouses also, and do.

(*Chairman.*) Now as to the capital outlay in erecting a building. Perhaps you could give us some idea. May I limit it to the sort of building that would treat insured persons?

(*Dr. Paterson.*) We have been told that Bennenden cost 100*l.* a bed, and I do not think that is satisfactory, because they do a lot of things there that are not satisfactory in an institution; for instance, they have not a hot-water service, and when you want a bath

they fill it with cold water and turn live steam on, and of course everybody in the place hears the noise. There are also other things like that; so, personally, I do not believe, unless you go to a very large size, that it is possible to build a place under 100*l.* a bed. They have not electric light, also, which is another expense.

(*The Secretary.*) The cost at Bennenden at present is over 200*l.* a bed.

(*Dr. Mearns Fraser.*) It is going to be 100*l.* when they put up a good many more beds.

(*Dr. Philip.*) It is always a question of hope.

(*Dr. Jane Walker.*) May I say I put up a wooden building last year for 12 patients with superintendent's room at one end, an extra nice room with a bow window and a bed recess, and another superintendent's room at the other, because this is for working patients, men on one side and women on the other. It has a kitchen, bathroom and two lavatory accommodations. It has electric-light, water laid on and hot-water arrangements for bath and so forth, and the total cost of that, including furnishing, works out at 54*l.* a bed.

(*Sir George Newman.*) What about your electric-light and water supply?

(*Dr. Jane Walker.*) I was coming to them. That does not include the proportion that they ought to pay for electric-light and plant; it includes carrying the cable.

(*Dr. Niven.*) Or the administration?

(*Dr. Jane Walker.*) Or the administration or the site.

(*Sir George Newman.*) It is just the fabric.

(*Dr. Jane Walker.*) But in 1904 I altered the farm buildings for dining-room, kitchen, and so forth, and put up a block for 16 women patients, and erected another place for four men patients, and that worked out at 100*l.* a bed.

(*Sir George Newman.*) Is that a brick building?

(*Dr. Jane Walker.*) No, wood. My experience is that wood is far better than these other things. I have put up now four sets of buildings.

(*Dr. Newsholme.*) And you think wood is much the best?

(*Dr. Jane Walker.*) Yes.

(*Sir George Newman.*) Have your wood structures lasted there?

(*Dr. Jane Walker.*) Yes.

(*Sir George Newman.*) What about tar, paint, and so on?

(*Dr. Jane Walker.*) That is extremely useful work for patients. It is good for them, and they all do it. It is not a very marked increase, because as the patients can do it, labour is cheap. You do have to do more painting of your roof, and you have to put more creosote, or whatever you use on your walls, than you would do if it were a brick building.

(*Dr. Newsholme.*) Do you have wood roofs as well?

(*Dr. Jane Walker.*) I have a new kind of iron roof in one place, and in the other place I have a roof which is made of oxidised linseed oil, "Ruberoid," which I have found very satisfactory indeed on the whole.

(*Sir George Newman.*) I am thinking of course in terms of children's sanatoria, and there are all sorts of domestic and social difficulties which we have with wooden structures for children. One of the difficulties *qua* expense is painting, tar, and keeping-up. You agree that does not apply to sanatoria for adults, though it may apply to children.

(*Dr. Jane Walker.*) It may apply to children.

(*Sir George Newman.*) We cannot turn little children on to do the work, so we have to pay a very big bill for continual repair and watching. The question I want to ask you is this: would you still think wooden structures best for children's sanatoria?

(*Dr. Jane Walker.*) No, my remarks would really apply from my own experience, which is entirely with an adult sanatorium. I am on the committee of a children's sanatorium at Holt, and there we put up a permanent structure of bricks.

(*Sir George Newman.*) Would that meet with your approval?

(*Dr. Jane Walker.*) Yes; you might have extensions of wood.

(*Sir George Newman.*) I agree.

(*Dr. Addison.*) What is the oldest roof you have on your wooden buildings?

(*Dr. Jane Walker.*) Nine years.

(*Dr. Addison.*) Do you find it is still waterproof?

(*Dr. Jane Walker.*) Yes; it has to be painted, and it is painted about every two years.

(*Dr. Meredith Richards.*) Is it a lined building?

(*Dr. Jane Walker.*) I have never had the courage to do what they have done in one place, that is, have a building unlined, so that my buildings are lined. They are lined with match wood, and then painted and varnished.

(*Dr. McVail.*) Are they too hot in summer?

(*Dr. Jane Walker.*) No, not at all.

(*Dr. Addison.*) Or too cold in winter?

(*Dr. Jane Walker.*) No. I had a man who was in the East Anglian Sanatorium, and he said this was best.

(*Dr. Addison.*) What is your space between outer and inner walls?

(*Dr. Jane Walker.*) 2 to 3 inches.

(*Dr. Addison.*) Is there any felt, or anything?

(*Dr. Jane Walker.*) Yes, there is either felt or something else.

(*Dr. Newsholme.*) Do you have any heating arrangements in this place?

(*Dr. Jane Walker.*) None at all.

(*Chairman.*) What is the largest single wooden building you consider practicable, the same as you suggest?

(*Dr. Jane Walker.*) I should think a two-storey building, taking 25 persons below and 25 above. Take Mundsley. I have not done that. You are asking me a theoretical question from my own point of view, and my own point of view is that I have put up a sanatorium for 16 women patients; it might quite well be 25 on one side and 25 on the other.

(*Chairman.*) Do they have separate rooms?

(*Dr. Jane Walker.*) No, they do not; and my experience of the working-class persons is that they do not like separate rooms. They object very strongly to having rooms to themselves. That is why I am very keen about the acute block; because when a patient is coughing, or for various reasons is troublesome, you want to have an acute block.

(*Dr. Newsholme.*) You are not in favour of single rooms for the working-class; how many beds would you like?

(*Dr. Jane Walker.*) I should like two, divided by a partition.

(*Dr. Newsholme.*) Two double-bedded rooms?

(*Dr. Jane Walker.*) Yes.

(*Dr. Newsholme.*) Not more than that?

(*Dr. Jane Walker.*) Four is the outside I should want to put in.

(*Dr. Newsholme.*) Why do you object to six or eight?

(*Dr. Jane Walker.*) If a patient gets hæmorrhage, if you have only two, one patient only is disturbed; but if you have eight all are disturbed.

(*Dr. Newsholme.*) My experience is that with wards of 12, intermediate cases we call them, they do well and are quite happy, and it is only occasionally you have to turn one out to a private room on account of being troublesome. Of course, you would not agree to that?

(*Dr. Jane Walker.*) No.

(*Dr. Addison.*) Would you object to four?

(*Dr. Jane Walker.*) I should not object to four, but I think two is better.

(*Dr. Philip.*) I take Dr. Newsholme's view entirely. It comes to be a question of expense again. I think 6, 8 or 10 are quite good. Some of our fever wards contain eight beds, and patients do extremely well and enjoy it; in fact, I think they enjoy it better.

(*Dr. Newsholme.*) Possibly the reason of the difference is that Miss Walker is dealing with a lower class of patient than you are dealing with. I do not know.

(*Dr. Jane Walker.*) I should think it is probably the other way. My patients pay 30s. a week all through, and I do not think the bulk of them would like it.

(*Dr. Newsholme.*) It is because they are paying patients.

(*Dr. Jane Walker.*) No. Personally, I should stick to my feeling in spite of what you and Dr. Philip have said.

(*Chairman.*) Eight or ten, Dr. Philip?

(*Dr. Philip.*) Six to ten.

(*Chairman.*) What do you say, Dr. Paterson?

(*Dr. Paterson.*) I am sorry to be in disagreement, but in the sanatorium proper I would have them in single wards. I do not mean there would have to be a very permanent partition between them, but I would put them in compartments, because I find, as they get well and fit, they play tricks on each other, and if they had a room to themselves you would get over all that difficulty. They do not all get together and play the fool then, and you can have much better discipline. When they are in multiple wards, somebody makes a man an apple-pie bed, and he becomes a bit angry and loses his temper, and there is trouble, and somebody has to go home; so you lose the treatment of a case. If the windows are open a large ward is very draughty; single rooms are much less draughty and more comfortable. With regard to the patients' preference in the matter, if we want to punish a patient we take him out of the single ward and put him into a large ward. They hate that punishment more than anything else. The great point is, if they have a single ward they do not steal each other's things; they have the ward locked up and all their goods are there. That is another point.

(*Chairman.*) Could you describe what you mean by a single ward?

(*Dr. Paterson.*) A very small space indeed; just big enough.

(*Chairman.*) Opening off a passage with a door?

(*Dr. Paterson.*) Yes.

(*Dr. Leslie Mackenzie.*) What cubic space?

(*Dr. Paterson.*) That does not matter, because he ought to be living in the open air. But I give him floor space for moving.

(*Dr. Leslie Mackenzie.*) Roughly, what do you find convenient for floor space?

(*Dr. Paterson.*) I would not like to say without measuring it up.

(*Dr. Leslie Mackenzie.*) 10 by 10?

(*Dr. Paterson.*) Yes, that would be ample.

(*Dr. Addison.*) You would not have it so wide as 10?

(*Dr. Paterson.*) No; just so that a bed could get in comfortably, and a man get round. It would probably be somewhere between 8 and 9.

(*Dr. Addison.*) 2 feet 6 inches wide is an average bed.

(*Dr. Newsholme.*) Do you persist in your statement that the large ward is more draughty than the small cubicle with proper ventilation?

(*Dr. Paterson.*) Yes, I think so. I know our wards, which are large—six or seven bedded wards—are so draughty that the patients are only too glad to get out of them.

(*Dr. Newsholme.*) Does not that rather lead to the conclusion that the cubicles are not properly ventilated?

(*Dr. Paterson.*) No, you would not say so if you slept there; especially about 7 o'clock in the morning. Really what is in my mind as to the construction of the sanatorium for the sake of economy is, that instead of making all the beds face south, as we have done in the past, which I think was a very good idea when it was considered necessary for every patient to be in bed all day; now when most of our patients are going to work I think the active blocks should all face south; but I should be inclined to take a block like that and make the whole of the block face south, and have a central corridor up the middle and have wards off on each side so that the sun would get into these wards in the morning and these in the afternoon. Instead of having one single corridor here with all the wards facing south, it gets two wards to each corridor instead of one.

(*Dr. Addison.*) The corridor running north and south?

(*Dr. Paterson.*) Yes; because, you see, the old idea that the wards ought to face the sun is a very expensive construction, and, as a matter of fact, the patients are all out of the wards when the sun is in, and when they are in the wards the sun is out, and there is nothing in it.

(*Chairman.*) As to the material and cost?

(*Dr. Paterson.*) I should put in the cheapest thing that I could find, and I should certainly aim at 100 years.

(*Chairman.*) It would last 100 years?

(*Dr. Paterson.*) I should not put up a building and say I only need it 20 years. I should make it to last 100 years, and if anybody says, "It is ridiculous to spend all that money; the disease is going to be wiped out in 30 years, why spend it?" I should say if the disease is wiped out in 30 years it is money very well spent.

(*Chairman.*) Now, as to material.

(*Dr. Paterson.*) I would not like a wooden roof.

(*Dr. Jane Walker.*) No, I would not have it.

(*Dr. Addison.*) I do not know about the cost of ferro-concrete.

(*Dr. Bardswell.*) I asked a friend on the very point, and he thought he could put up a sanatorium with ferro-concrete at about 125*l.* per bed.

(*The Secretary.*) I suppose from the medical point of view it really does not matter what the material is.

(*Dr. Paterson.*) Not a bit as long as it will stand up and not blow over. I am quite in agreement with Dr. Jane Walker about the heating. I always try and get a hot-water coil in my own bathroom and make myself as comfortable as possible, but that is a luxury. I think for the patient it is not a necessity, because I know from experience, during the whole of two winters we had hot-water heating system in the sanatorium and it froze up and burst. They always do, I think. Of course we could not have it that winter, and the whole of the next winter we were transforming it into steam heating; so I have experienced two winters without any heating, and it went on all right, though it was not so comfortable.

(*Dr. Bardswell.*) Dr. Jane Walker referred to Mundesley. I was at Mundesley three years before I went to Midhurst. I bought the place from the then owners, and had it very carefully looked at by a well-known architect, Mr. Figgis, who built the Radium Institute, and I asked him to give me an estimate of an entirely wood built building with brick foundations. It was built in 1889, and I bought it in 1902. The place was in good repair. He put the life of the building then at 50 years. It is entirely wood with a galvanised iron roof. I had to repaint completely every three years at considerable expense. As far as I know, the building now, I think, is in a fair way to last the estimated time of 50 years.

(*Dr. Leslie Mackenzie.*) I may say 10 or 12 years ago the Local Government Board for Scotland got an expert opinion on the same problem, but we had an iron building; and the expert entirely agreed with what Dr. Bardswell has said, namely, that the life of those buildings of a special type, wood and iron, given fair care, painting and so on, would be at least 50 years.

(*Mr. Davies.*) May I ask whether that was a Scotch architect or an English architect?

(*Dr. Leslie Mackenzie.*) A Scotch architect.

(*Mr. Davies.*) Because I understand those wooden buildings, whilst being very useful in certain parts of the country, especially in eastern counties, are absolutely useless in places like Scotland and Wales, where we get most tremendous gales. I had occasion to see an architect the other day about it. I have seen several architects on this point, and they tell me, in a great many parts of the country, wooden buildings are absolutely useless, and do not stand the weather.

(*Dr. Leslie Mackenzie.*) We have several of them in all parts of Scotland, practically right from north to south and east to west. Some are not so well done as others certainly, but we have had no complaint on the score of not lasting, or that they do not stand the weather both in the midlands and east and west of Scotland.

(*Dr. McVail.*) If I may say so, we should be careful about taking the opinion of an architect on a matter of that kind; an architect is working on a percentage.

(*Chairman.*) Gentlemen, may we go on to the point to try and get some idea of the number of beds per population. Is it possible to form any estimate for that?

(*Dr. Philip.*) Are you going to consider running expenses?

(*Chairman.*) Yes, we have not forgotten that; but that is hardly connected with the capital outlay.

(*Dr. Niven.*) Is it 200 beds that has been fixed as a reasonable number?

(*Chairman.*) A minimum of 100 and a maximum of 250.

(*The Secretary.*) It is not a hard-and-fast line.

(*Mr. Stafford.*) No; I was going to say, I hope you will not fix that, because there are many cases where it will vary.

(*Chairman.*) Might I suggest Dr. Philip should start this discussion. Did I gather from you yesterday that 25 per cent. of the cases that go to the dispensary were drafted out to sanatorium, so that might be some guide to start with?

(*Dr. Philip.*) That was an approximate figure; either to sanatorium or to hospital for dying cases—to institutions.

(*Chairman.*) What we are now calling sanatorium and hospital sanatorium?

(*Dr. Philip.*) A hospital for advanced and dying cases.

(*Chairman.*) If you could take away the dying and the sanatorium hospital, what would you include for a wing for advanced but not actually dying cases, as a rough guess? Would you care to put any figure before the Committee?

(*Dr. Philip.*) I think, roughly, about 12 per cent.; but I should like an opportunity to consider that.

(*Chairman.*) Dr. Paterson or Dr. Latham, have you any suggestions to make as to the number of patients and the percentage of the patients coming to the dispensary and being diagnosed as tuberculosis which ought to go to what we shall now describe as sanatorium or sanatorium hospital.

(*Dr. Latham.*) It is a very difficult question until we know exactly what they are going to do at those dispensaries. You can take it in two ways; you can take the active consumptive population at the present time, which I take it is a different thing to what it is going to be in four or five years; that is to say, a large proportion of the consumptive population are quite outside the sanatorium treatment. I should say, 50 per cent., if not more, of the existing consumptives are not likely to get any benefit from treatment. Then there is the question of the yearly increment which comes in. For England and Wales you have 40,000 new cases in each year; at all events you have 40,000 deaths; so, I take it, more than 40,000 new cases. You may take it, 50 per cent. of those are not fit for sanatorium treatment. If you take the sanatorium treatment at three months, you will want something between 8,000 and 10,000 beds.

(*Dr. Philip.*) Do you suggest that as much as 50 per cent. of patients who present themselves to dispensaries would be drafted off to sanatorium?

(*Dr. Latham.*) Later on?

(*Dr. Philip.*) At any time?

(*Dr. Latham.*) Personally, I should like to see every case of tubercle go to sanatorium, and I say the sanatorium treatment which you are going to give to any case of tubercle, whether you treat it at dispensary, hospital, or sanatorium, is going to be essentially sanatorium treatment; and if you are going to give sanatorium treatment at all, you are going to give it best at the sanatorium, and it is a pure question of pounds, shillings, and pence, how many people you send.

(*Chairman.*) I gather you include tuberculin treatment, which in your opinion ought to be given at sanatorium.

(*Dr. Latham.*) Tuberculin treatment is one thing. It is part of the sanatorium treatment. You get the best results in my opinion from sanatorium treatment *plus* tuberculin treatment. You will get better results from sanatorium treatment *plus* tuberculin treatment than from sanatorium treatment alone, and you will get infinitely better results in my opinion from tuberculin treatment.

(*Dr. Addison.*) Just to take the figure suggested, of 10,000 beds. I assume each patient would spend three to four months in the bed. Is it your thought that that would include the beds connected with the dispensary and the beds for the hopeless cases, or are you referring simply to those beds in the institution which we have called, for the purposes of convenience without defining, the sanatorium and the active block?

(*Dr. Latham.*) I am excluding the whole of the dying cases, and I am excluding the observation and emergency wards.

(*Dr. Addison.*) Then it really applies to the sanatorium and active block?

(*Dr. Latham.*) Yes, but it is a mere guess.

(*Dr. Bardswell.*) I worked out the figures last night, and I worked it out to 8,000 beds to start with. You have to realise that beds will require to be less every year. I do not think it is any good overbuilding, and then find that you have too many. Say, the first year, 10,000 beds. A great number of your curable cases will be passed through; and the next year, as *Dr. Latham* says, you will have to instal your fresh cases.

(*Dr. Addison.*) May I take it we are only dealing with adults, or does this include children?

(*Dr. Bardswell.*) Adults—pulmonary tuberculosis.

(*Dr. Addison.*) Adults or children?

(*Dr. Bardswell.*) Both; all pulmonary.

(*Dr. Addison.*) The percentage of pulmonary children is not great.

(*Dr. Bardswell.*) No.

(*Dr. Philip.*) May I ask how long *Dr. Bardswell* proposes each patient should be in the sanatorium?

(*Dr. Bardswell.*) About three months.

(*Chairman.*) The average?

(*Dr. Bardswell.*) Yes.

(*Dr. Paterson.*) The average at Frimley is $3\frac{1}{2}$. The cases successfully treated from start to finish are $3\frac{1}{2}$, the others drop out.

(*Dr. Bardswell.*) I was going to say, in view of the fact that the number of cases treated will get less, it is possible to build the administrative part of the sanatorium of a permanent character, and some of the beds, say, one-third, of a less permanent character, of a much cheaper design and cheaper construction, on the ground that we shall not want so many beds later on. It may not reduce the cost of putting the sanatoria up a good deal; but you can always add beds to the administrative block very cheaply, say 40*l.* or 50*l.* each.

(*The Secretary.*) Can you have the cheaper form of wooden building which we have been told will last 50 years? Is there anything cheaper which will last 50 years and then fall to pieces?

(*Dr. Bardswell.*) If you are going to have all wood, it does not apply. If you are going to have anything like ferro-concrete the difference would probably be a difference of 150*l.*

(*The Secretary.*) Ferro-concrete, according to the maker of it, is quite permanent.

(*Dr. Bardswell.*) That is what I say; it is more expensive than wood. My architect told me to build with ferro-concrete would cost 100*l.* a bed. The chances are adding on wooden temporary buildings would cost 40*l.* or 50*l.* to do. Temporary beds which are put up of that character would not be wanted after three or four years.

(*Dr. Leslie Mackenzie.*) Do you base your estimate of 8,000 beds on the death-rate, in the same way? Four times 8,000 would be 32,000 patients who would pass through these beds in the course of a year, I presume. On what data do you base that estimate; what multiple of the death-rate or other data are you founding it upon?

(*Dr. Bardswell.*) England and Wales only.

(*Dr. Leslie Mackenzie.*) I quite understand; that is 40,000 a year.

(*Dr. Bardswell.*) I do not know Scotland.

(*Dr. Leslie Mackenzie.*) No, take England and Wales; it is quite good enough for our purpose. You are assuming 40,000.

(*Dr. Newsholme.*) Was *Dr. Latham's* England and Wales?

(*Dr. Leslie Mackenzie.*) Yes, England and Wales, I took it. The death-rate was 42,000.

(*Dr. Bardswell.*) There are 36,000 fresh cases every year to deal with.

(*Dr. Leslie Mackenzie.*) You assume 40,000 fresh cases every year.

(*Dr. Newsholme.*) Do you assume that, *Dr. Paterson*?

(*Dr. Paterson.*) I really have not gone into that question. We considered it for Wales, and we came to the conclusion 750 beds with a population of two millions.

(*Dr. Newsholme.*) What death-rate is it for Wales?

(*Dr. Paterson.*) 3,500, I think.

(*Mr. Davies.*) 3,700. A committee went into this question of the provision in Wales. It was supposed to be very rough, but an estimate was drawn up, and the conclusions they came to were as follows: taking the number of fresh cases per annum as equal to the number of deaths per annum they came to 3,700 fresh cases every year. Of this number, say 1,300 will be suitable for sanatoria treatment for various reasons. Diagnosis may not have been made soon enough. There are cases of working-class women who persist in looking after their homes after contracting the disease, or there may be cases of tuberculosis with serious complication like gastric ulcer. A proportion of 1,500 would also include a proportion of reckless and careless persons. This would include 3,000 in the earlier stages, 400 of whom would mean 800 beds, say, three sanatoriums with 250 beds in each.

(*Dr. Mearns Fraser.*) Of course, one must appreciate the difference of beds. The difference is due entirely to the effect your system is going to have. For instance, Dr. Latham said every patient should be put through the sanatorium if it could be done. I do not agree that that is necessary at all, even if you have enough money, from what I have seen. Of course, I am only speaking of the results which have been obtained in Portsmouth in a short time. I cannot tell whether they are going to prove permanent, but I hope they will. It is only an experiment so far, but they are with our dispensary work. It is only a very few that go into the sanatorium, and we reckon, from what we have seen so far, 30 beds will be sufficient to supply Portsmouth with its 236,000 inhabitants and a death-rate of 10,000.

(*Dr. Leslie Mackenzie.*) How long will they stay in sanatorium?

(*Dr. Mearns Fraser.*) About a month.

(*Dr. Leslie Mackenzie.*) That is to say, you put 12 in each bed in a year.

(*Dr. Mearns Fraser.*) Yes.

(*Dr. Leslie Mackenzie.*) That is 360 cases.

(*Dr. Mearns Fraser.*) Yes.

(*Chairman.*) Dr. Philip, what have you to say as to this figure which has been put forward, of 8,000 to 10,000 for a mortality of 40,000?

(*Dr. Philip.*) I should like to think over it a little more. But it seems to me a distinct under-estimate. I should have put it at twice as much at least. I have the uncomfortable feeling that we are going too much by death-rate. It is impossible to say which of your affected cases are going ultimately to die. There is a very large proportion of early tuberculosis that is going to become *bauch*, and you do not know when it is going to become *bauch*. If you take all those points into consideration, to take it entirely on the death-rate seems to be limiting it far too much.

(*Dr. Addison.*) The estimate for Wales is one in 2,600. Is two millions the population of Wales?

(*Dr. Latham.*) Yes, $2\frac{1}{2}$ millions practically. Then as far as the Welsh matter was concerned, we were asked to suggest without any regard to money.

(*Dr. Addison.*) I am not criticising, I am only stating a fact, that the proportion of 8,000 for England and Wales is a much smaller proportion than 7,500 for England alone.

(*Mr. Stafford.*) On the other hand I should just like to make a very rough estimate with regard to Ireland. There we estimate we should not want 1,000 beds for this class of cases, although we have a very much larger death-rate comparatively. We have a death-rate of about 11,000 a year, and the reason of that is the extreme difficulty of getting patients to go to institutions.

(*Chairman.*) They do not want to leave home, or do not believe in the treatment?

(*Mr. Stafford.*) No, they believe in the treatment. We have extreme difficulty in getting people to leave their homes.

(*Chairman.*) Does that apply to both rural and urban?

(*Mr. Stafford.*) Yes. So that for that reason you will possibly find in Ireland what you are doing here is not applicable. We should have to do very much more institutional treatment than dispensaries in Ireland.

(*Chairman.*) What about Scotland; have you formed any estimate as to Scotland that we might compare, Dr. Mackenzie?

(*Dr. Leslie Mackenzie.*) We have been comparing them with Dr. Newsholme. The line we should take for practical purposes is to provide for three times the death-rate.

(*The Secretary.*) In the sanatorium for all purposes.

(*Dr. Leslie Mackenzie.*) For all purposes. But I think Doctor Newsholme has a statement to make on the principle on which that is founded, and he had better make it.

(*Chairman.*) For the moment can we deal with the number of beds which would be required for the sanatorium and sanatorium hospital, not the beds for the dying?

(*Dr. Leslie Mackenzie.*) I could not give you more than a mere conjecture. Assuming that you would have to treat three times 6,000, that is the actual number that die, if half that is sanatorium, we should be able to do with somewhere between 1,000 and 2,000 sanatorium beds—some figure like that.

(*The Secretary.*) I suppose it is a fact that there is really no exact data on this subject.

(*Dr. Paterson.*) No.

(*Dr. Meredith Richards.*) I was down at Birmingham the other day, and as you know, they have there a cure sanatorium on the Cotswold Hills and an educational sanatorium in the town. The cure sanatorium has only 40 beds, and Dr. Robinson told me he had come definitely to the opinion that they would need to be increased very slightly. He thought that 60 beds at the cure sanatorium would entirely serve the needs of a greater population, and for the population of 80,000 they have at present 40 beds. With the increase of the city they propose putting on about 20. But of course they also want a much larger educational sanatorium in the town.

(*Dr. Newsholme.*) I hope Dr. Richards will make it quite clear than these 60 prospective cure beds in Birmingham—he has already said it—are supplemented by short treatment in or near the city with tuberculin.

(*Dr. Niven.*) That is not the experience of Manchester.

(*Dr. Newsholme.*) I think it might be as well that I should put in a very rough estimate which I made this morning as to the possible requirements. My estimate really fits in very closely with Dr. Paterson's that 7,500 beds are likely to be needed in England and Wales for the adult population. If you work it the other way about, and assume you need one bed for 2,500 population, and assume secondly that there are three persons with phthisis constantly ill for every death—and that I think is the best way of starting because it is not a question of how many may be ill during the year, but how many are constantly ill from the point of view of the beds you require—then you find that you have one bed for 2,500 population. That would mean that every year, every consumptive in the country—this is not only adults, but children as well with pulmonary consumption—would have seven weeks' treatment in an institution, and assuming a duration of life of three years, on that hypothesis, you would have 21 weeks of institutional treatment for every known consumptive with active symptoms. Then it is important to work it out from another point of view, that is the question of cost.

(*Dr. Mearns Fraser.*) You are not allowing any dispensary treatment at all, only sanatorium.

(*Dr. Niven.*) Are the 2,500 beds only for curable cases?

(*Dr. Newsholme.*) No, that is the fairly complete requirement.

(*Dr. McVail.*) Does that include dying cases?

(*Dr. Newsholme.*) Yes. I agree with Dr. Phillip, it is probably an underestimate, but it is a working estimate for the time being, and it might be interesting to add that if you take the capital sum of 1,200,000*l.* available for England and Wales and assume that 1,000,000*l.* of that would be available for institutions leaving 200,000*l.* for other purposes, then at 150*l.* a bed, it would mean out of the capital fund of the Finance Act one bed can be provided for 6,666 of the population.

(*Dr. Addison.*) *Apropos* of that, I do not know whether we were discussing finance. I take it we want so far as possible to so arrange matters that we can

induce the local authorities to extend it, and if provisionally taking a round figure of 8,000*l.* for England and Wales, and if you like 2,000*l.* for Scotland —

(*Dr. Leslie Mackenzie.*) 2,500*l.*

(*Dr. Addison.*) Let us keep to that for the moment. I think we want to keep too low rather than too high, because the more we develop the dispensary system the more we shall hope to reduce the number of beds, and if we have this money to more or less project in an elastic way, if we want to induce the local authorities to contribute, I should have thought about 80*l.* a bed would be the maximum that we would contemplate giving out of the million and a half. I make this remark, because I rather gathered from Dr. Newsholme just now that he contemplates the view of financing these beds out of the million and a half.

(*Dr. Newsholme.*) No; I perfectly understood that would not be so, and I hope it would not be so. But it is important to know how many beds may be provided out of this capital sum, so that this Committee may know what proportion they think fit to recommend to the local authorities.

(*Dr. Addison.*) May I make one more observation? At that rate of 11,000 beds, Great Britain and Ireland would, prospectively at all events, earmark 880,000*l.* of the million and a half, and if we earmark in our minds 250,000*l.* for dispensaries, we are still considerably on the safe side of a million of our capital prospect both for dispensaries and even sanatorium and active block beds.

(*Dr. Jane Walker.*) What estimate per bed?

(*Dr. Addison.*) I am not estimating your total cost per bed; I am estimating the amount we shall give.

(*Dr. Jane Walker.*) Is that 80*l.*?

(*Dr. Addison.*) 80*l.*, so as to keep the local authorities.

(*Chairman.*) I hope we shall be able to go into greater detail as to the allocation of funds presently. I think we might get on to the running expenses of a sanatorium and begin by having an estimate as to what should be paid in the opinion of the Committee to the chief medical officer. As I understand it, the success of the sanatorium treatment will depend very largely on the man who is chiefly responsible for it. I will ask Dr. Paterson.

(*Dr. Paterson.*) When I leave Frimley, the man in charge of 150 beds and two medical officers is to get 500*l.* and all found. The second man gets 150*l.* rising in three rises to 200*l.* He rises every year, and he has all found.

(*The Secretary.*) Does that mean they each have a house.

(*Dr. Paterson.*) Quarters.

(*The Secretary.*) Does the chief man have a house to himself?

(*Dr. Paterson.*) The chief man has a house which was built for bachelor quarters.

(*The Secretary.*) He cannot be married there.

(*Dr. Paterson.*) He ought to have a house, I think, because it is going to be more or less of a permanent job; at least you want it to be. There will be three rises with the second man, up to 200*l.*

(*Chairman.*) Is it your opinion that the head man at the sanatorium should have the same salary as the head man of the dispensary?

(*Dr. Paterson.*) But he has 400*l.* in addition to house and keep. He is really getting about 800*l.* or 900*l.*

(*The Secretary.*) You reckon his allowances are worth 400*l.* a year—not if he has only quarters.

(*Dr. Niven.*) Certainly not more.

(*Dr. Paterson.*) I said board and lodging.

(*Dr. Jane Walker.*) I should say 200*l.* at the very outside would be ample.

(*Dr. Paterson.*) I think a man ought to have 600*l.* I think he should get in time 1,000*l.* for a job at a sanatorium with 250 beds; it is worth that. That is what I was aiming at.

(*Chairman.*) And he would have to find himself out of that?

(*Dr. Paterson.*) Yes; he either get 1,000*l.* or its equivalent.

(*Dr. McVail.*) That is double the tuberculosis officer whom Dr. Addison thought should have 500*l.* Is the work in the one case double that of the other?

(*Dr. Philip.*) I think it is most decidedly overrated. It seems to me the proportion between the two groups

of work is too much. I cannot think after all our discussions we are going to make the tuberculosis superintendent of the city, because it amounts to that, a man of lower capacity than the man who is in charge of 100 or 200 or 250 patients. From my point of view the positions might almost have been reversed; but certainly I should put them very much nearer equivalent than has been suggested in this estimate.

(*Chairman.*) Why did you put him so much higher than a dispensary doctor?

(*Dr. Paterson.*) For one reason, the dispensary man has to be a man of good position, chiefly a diagnostician, whereas a sanatorium man has to be a good physician, an administrator, and he has to administer a great deal of work, and everybody comes to him—secretaries, engineers, charwomen, and everybody—and he has to know about cooking, washing, administration work, farms, and everything. A man at the dispensary has only to know about chests.

(*Dr. Bardswell.*) One of the grounds also is the dullness of the life. They are a long way from town. I have lost several men from it, and they say "We cannot put up with it; it is too far to get to town to see anything."

(*Dr. Addison.*) What did you begin your head man at?

(*Dr. Bardswell.*) I start my man at 500*l.*, and if he is very good, going up to 600*l.* You can get a very good man at 500*l.* My second in command would consider it very bad indeed to get only 500*l.* and use of a house.

(*Dr. Addison.*) But has he tuberculosis?

(*Dr. Bardswell.*) No.

(*Chairman.*) You mean 500*l.* plus house?

(*Dr. Bardswell.*) No; I give him 500*l.* cash.

(*Dr. Leslie Mackenzie.*) And all his food and house room?

(*Dr. Bardswell.*) No; he has his house, water, and light. He buys his own food.

(*Dr. Leslie Mackenzie.*) Your estimate, Dr. Paterson, of 1,000*l.* did not include a house?

(*Dr. Paterson.*) No.

(*Dr. Bardswell.*) I think you must give the head man a house of his own, so that he can marry.

(*Chairman.*) What do you put down the value at?

(*Dr. Bardswell.*) The whole thing is about 200*l.*

(*Chairman.*) So that you would pay your man 700*l.*?

(*Dr. Bardswell.*) It would come to that, but it is partly in kind.

(*Dr. Addison.*) Do you want your head man to be provided with a house or not?

(*Dr. Bardswell.*) Yes, certainly, he must live there.

(*Dr. Addison.*) What salary are you proposing?

(*Dr. Bardswell.*) I should make 1,000*l.*, but deduct the value of the house from that 1,000*l.*

(*Dr. Addison.*) Would you start him at that? Would you give him 600*l.* a year and a house?

(*Dr. Bardswell.*) I would be quite prepared to start him lower, and let him go up to it.

(*Dr. Mearns Fraser.*) I should think 1,000*l.* is far too much compared with all the rest of the medical service in the country. We shall have everybody giving up their jobs and trying to get into sanatorium work; it would put it in the wrong position. I would give the sanatorium men 500*l.* a year and the house, and it would be quite enough to get the best men in the country.

(*Chairman.*) You would give him 500*l.* plus the house?

(*Dr. Mearns Fraser.*) Yes; of course there are exceptional sanatorium men who are worth more and who will undoubtedly get more; but if you take the ordinary sanatorium superintendent, I think you would get thoroughly good men at 500*l.* a year and their house.

(*Dr. Jane Walker.*) I should say so too.

(*Dr. Leslie Mackenzie.*) I should like to say I entirely agree with Dr. Fraser. We have several precedents in the large fever hospitals. I speak for Scotland. There are two fever hospitals in Glasgow and one in Edinburgh, where the medical superintendents give their whole time, and, after several years' service, get 650*l.* and a house. They begin with 500*l.* a year and a house. These are hospitals in one case with 800 beds, and in the other case 500 beds. I consider there is

nothing whatever in the work of a sanatorium that entitles a medical superintendent to be considered either a higher type of expert or a higher type of administrator than we have in the large fever hospitals. We have a further example in the lunatic asylums, which are grossly overpaid relatively. But that is a very special class of work, and it is quite apart; whereas with tuberculosis, I think a fair precedent would be the amount paid in fever hospitals.

(*Chairman.*) Have you come to any conclusion about Wales? Have you any suggestions, Mr. Davies?

(*Mr. Davies.*) All I can say is it is very difficult for a Committee of this kind really to fix a salary, because it must necessarily differentiate in different localities and different institutions. I think it is very difficult for us here to lay down a hard-and-fast rule. I can conceive a certain sanatorium where you have 250 or 300 acres of land attached to it, with a farm, and all the rest of it, with gardens, and selling your produce, where you would need a very capable business man to run the show, and you would have to give him a very much larger salary than if you were simply running the building without any organising to do in connection with it. It seems to me we are rather going into too much detail if we try to lay down a hard-and-fast rule as to what the salaries of the various officers are to be.

(*Dr. Mearns Fraser.*) If you have 250 beds, your medical superintendent would not be able to devote his time to managing the farm, and that kind of thing. He would have 250 patients. It is very different where you have a sanatorium of smaller size. He would have time to look after it then. He would have to have a farm bailiff or a farm hand to work under the medical officer.

(*Dr. Addison.*) Still you would have to grade their work. He would have to be an administrator.

(*Dr. Mearns Fraser.*) Yes, he would have to be an administrator.

(*Dr. Latham.*) You must pay a man more to go into the country than for work in London, or one of the other towns. If a man is going to get 500*l.* as head dispenser, he will probably prefer that to going in for sanatorium treatment, and the difficulty about sanatorium treatment at the present day is that we have not the men for sanatorium. Unless you give a considerable salary you are not going to get first-class men; and I should give 600*l.* rather than 500*l.*

(*Dr. Paterson.*) In answer to Dr. Mackenzie, I did not quite catch what he said about the salaries paid at fever hospitals.

(*Dr. Leslie Mackenzie.*) In Glasgow, if I remember rightly, the chiefs get 650*l.* along with a house.

(*Dr. Paterson.*) Why I am advocating a higher rate of pay is because this man in the sanatorium has to make his sanatorium pay with his patients, according to Dr. Jane Walker, and it is proposed to utilise the labour in getting a return from the patients, and that means a good deal of work for the man. Dr. Fraser says he will need a bailiff. You may want the advice of a bailiff, but the patients will not work for a bailiff, and will not work for a labour master. They will work for a doctor if they are getting any good out of it themselves; but they will not work otherwise efficiently.

(*Dr. McVail.*) Still, they are all whole-time officers. Each of them gives the whole of his time to the work, whatever the nature of the work is.

(*Dr. Paterson.*) But it has to be supervised by the medical superintendent, because he provides the labour,

(*Dr. McVail.*) I am comparing the fever hospital position,

(*Dr. Paterson.*) Quite. This man lives in the country, and if you leave it to a bailiff he will not get the work done. He does not care how it is done so long as it is done, and he makes the patients work. He does not realise that you want to get the patients well, and if you get no crop off the land it does not matter, so long as the patients get better.

(*Dr. Bardswell.*) It is certainly the experience at Bennenden. They have tried to do it with a bailiff and it has not worked well. That comes largely from working the people under a foreman and not a medical superintendent.

(*Dr. Philip.*) To return to the dispensary officer for one moment, I think the Committee has not endorsed

the view that the man in charge knows nothing about administration. He is an administrator of the first water. He is the first line of defence, and in proportion as you get a good man there you check expenditure at the other end.

(*Dr. Niven.*) But we have not admitted that the dispensary in any respect differs from a centre, and I question whether the word "dispensary" should be used in that connection. It surely is quite clear that the work of the sanatorium, which will fall upon the medical superintendent, is very much more responsible and onerous than can possibly fall upon the tuberculosis officer in any case.

(*Chairman.*) May I ask Dr. Paterson one more thing; that is, as to how many doctors would be required, in his opinion, under his head man? We did touch upon it earlier to-day.

(*Dr. Paterson.*) We have two now for 150 patients.

(*Chairman.*) And you are satisfied with that?

(*Dr. Paterson.*) It is the limit.

(*Chairman.*) Two for 150 patients?

(*Dr. Paterson.*) It is hard work.

(*Dr. Jane Walker.*) I think, as we have said before, one to 50 is better.

(*Chairman.*) What do you say, Dr. Philip?

(*Dr. Philip.*) Yes, I would rather have one to 50.

(*Dr. Bardswell.*) I think, if the patients are pretty early cases, you ought to manage three to 250.

(*Dr. Latham.*) I think one to 50.

(*Dr. Jane Walker.*) The head man and three assistants to 250.

(*Chairman.*) Could you give us any idea as to the cost per head running?

(*Dr. Paterson.*) I think we should aim at a minimum of 25s. a week. This is for London. Of course, the price of food varies in different parts of the country; but I should think it works out at between 25s. and 30s.; that is, if you have electric-light, steam sterilising, and doing the thing properly. If you do not have any sterilising, and do not have any steam, it will cost less, probably.

(*Chairman.*) And that will include some sort of farm or garden, where you grow some of your produce?

(*Dr. Paterson.*) Yes.

(*Dr. Niven.*) It includes all expenses?

(*Dr. Paterson.*) It includes everybody's salaries.

(*Chairman.*) Does that include maintenance and painting of the sanatorium?

(*Dr. Paterson.*) Yes. Since we have been running as a sanatorium we have been as low as 63l., and as high as 71l. since we got the beds full, and are running on the lines of a modern hospital. We have steam sterilising and electric plant, and everything like that.

(*Dr. Mearns Fraser.*) That is doing everything thoroughly well. You will not want to spend more. You will do it quite well.

(*Chairman.*) You mean 63l. per annum?

(*Dr. Paterson.*) 63l. per annum per bed.

(*The Secretary.*) Does it include repayment of capital?

(*Dr. Paterson.*) No; nothing to do with the capital.

(*The Secretary.*) Interest on capital?

(*Dr. Paterson.*) No; simply maintenance. The rates and taxes are very high; we are 5l. a bed for rates and taxes.

(*Chairman.*) And repairs?

(*Dr. Paterson.*) It includes repairs.

(*Dr. Addison.*) And includes rates and taxes?

(*Dr. Jane Walker.*) I say 30s. including the same as Dr. Paterson, but excluding capital. It includes repairs and rates and taxes, and everything except the return of capital.

(*Dr. Philip.*) 65l. per annum was my figure, excluding interest on capital.

(*Dr. Bardswell.*) I do it for 25s. a week.

(*Dr. Niven.*) I think we could not go under 30s. safely.

(*Dr. Bardswell.*) In the county of Wicklow, Dr. Stafford knows they do it for 1l., including 300l. salary of medical officer and salaries of the gardeners, scullery maid, and everything.

(*Dr. Niven.*) That does not include site.

(*Dr. Bardswell.*) Running expenses. Your food must be very cheap in Ireland.

(*Mr. Stafford.*) It is cheaper. Of course, on the other hand, we are a very long way from town.

(*Dr. Bardswell.*) I have knocked off travelling expenses of visiting. I simply left in all the essentials.

(*Mr. Stafford.*) Our medical officer gets 300*l.* a year, and he is all found.

(*Dr. Bardswell.*) I think we ought to do it for 1*l.* in the country.

(*Dr. Niven.*) 30*s.* will include all expenses. If it is going to cost 30*s.*, that means 858,000*l.* out of the million.

(*Dr. Bardswell.*) 30*s.* including capital?

(*Dr. Niven.*) Yes. It must include everything.

(*Chairman.*) May I put it to the Committee? Mr. Willis has just asked me this: We have been discussing in connection with sanatorium merely the question of dealing with pulmonary cases. Other forms of tuberculosis are not included in the sanatorium?

(*Dr. Paterson.*) No.

(*Chairman.*) One other point has just been raised; that is, would it be possible in the opinion of the Committee for one medical officer to run a sanatorium on the minimum suggested this morning—that is 100 beds?

(*Dr. Bardswell.*) It would be very unsatisfactory indeed. The men would not stop. It has been tried at Newcastle.

(*Mr. Stafford.*) We tried it at Newcastle, and we could not do. It means the man must always be on the spot.

(*Dr. Bardswell.*) Hence the economy of bigger buildings.

(*Chairman.*) It is essential in the opinion of the Committee that there should be a staff of two?

(*Dr. Bardswell.*) Always.

(*Dr. Leslie Mackenzie.*) In that case, then, the minimum sanatorium should aim rather at 150 than 100.

(*Dr. Addison.*) There is the number of hospital beds, wherever they may be located.

(*Chairman.*) Well, Gentlemen, I think we may take the next series of beds which for the moment come in under the heading of hospitals, again dealing merely with pulmonary cases. The first point I think that we ought to settle is the character of the building for the advanced cases, whether in the opinion of the Committee an existing building can be altered, or whether it would be advisable to build a new building, if so, what sort, to what extent it should differ from what we have been discussing in the name of sanatorium this morning?

(*Dr. McVail.*) Would you require, sir, to consider first how far the sanitary authorities will be willing to take charge of advanced cases as infectious, and take them over into their fever hospitals for the sake of preventing the spread of disease?

(*Chairman.*) No, I do not think that we ought to take that at the present moment. Supposing we agreed that a fever hospital was a suitable building, that would be a point for consideration.

(*Dr. Niven.*) I can only say, Mr. Chairman, that at present we are treating about 62 cases of more or less advanced phthisis in our small-pox hospital. We have had no small-pox for some years, and for some years we have been treating cases of phthisis. We have lately increased the number because we have taken a number of children.

(*Chairman.*) Into the small-pox hospital?

(*Dr. Niven.*) Into the small-pox hospital in the Clayton district of Manchester, and at some little distance there are a great many chemical works, but the children especially do surprisingly well in this institution.

(*Chairman.*) These are advanced pulmonary cases of children?

(*Dr. Niven.*) Advanced pulmonary cases; well, the children are not advanced necessarily. They may be advanced or they may not, but they are cases of tuberculosis.

(*Dr. Addison.*) Is your recruiting ground the whole general city?

(*Dr. Niven.*) Yes, that is so. Of course, it is necessary to recollect that there is a very large number of beds in the union hospitals, say, about 400, and also

for curable cases, or, at any rate, for fairly early cases, of phthisis, there are a large number of beds in the sanatoria, in voluntary institutions outside the city. There are 100 beds available at the Crossley Sanatorium, or thereabouts, and 50 at the Bowden Sanatorium. Of these, I think that one might estimate that about 100 would be available for Manchester people. Of course, these sanatoria are not exclusively used for cases from Manchester. They receive cases from Salford and many other Lancashire towns, but I think perhaps about 100 might be available for Manchester patients, of which 100 beds we have 20 at our dispensary for early cases of phthisis in connection with our public health work at the office. I may say we examine these cases personally, and that they are also examined again at the out-patient department of the consumption hospital before they are sent on to the sanatorium.

(*Dr. Addison.*) Do you pay rent?

(*Dr. Niven.*) Well, we pay one guinea a week to the authorities—to the board of the Crossley Sanatorium—but that does not pay the entire expenses. They allow us to have the beds at that price. They do so for this reason—that they would, of course, be sending cases themselves from the city, but we wanted to have a certain number of beds because you see it is a great help to us in connection with our notification work to get people to carry out proper sanitary measures and to carry out our instructions that we should have beds at our disposal to which we could recommend cases. We have found that of the greatest assistance. It renders notified people much more willing to carry out what we require of them that is evident. Of course, there is something to give away, and they can look forward to getting the opportunity of going into one or the other of our hospitals, especially at the Crossley Sanatorium, in suitable cases. Perhaps that may make it rather clearer to you why I should think it is unnecessary to maintain the connection between the work of the tuberculosis officer and the work of the Medical Officer of Health, because it makes a very great difference indeed in the success of our preventive work in the homes of the people. I think there is no doubt about that. Well, altogether you see there may be somewhere about 600 beds already in use in connection with the city of Manchester.

(*Dr. Addison.*) Tuberculosis.

(*Dr. Niven.*) 400 in connection with union hospitals and getting on to 200 in connection with the municipality and voluntary work. 100 you may put it for early cases.

(*Dr. Newsholme.*) One-sixth of the cases—approximately about one-sixth of the beds in Manchester?

(*Dr. Niven.*) Approximately about one-sixth.

(*Chairman.*) One-sixth of your available beds go to advanced?

(*Dr. Niven.*) To early cases.

(*Dr. Addison.*) Half of the beds go to poor-law cases?

(*Dr. Niven.*) More than two-thirds.

(*Dr. Addison.*) We cannot touch poor-law institutions.

(*Dr. Niven.*) I may say also that the guardians, at any rate the guardians of South Manchester, have been very freely following the policy of sending early cases to sanatoria in different parts of the country and paying for them. I cannot tell you at the present moment to what extent that has been done, but still they have been doing so.

(*Dr. Newsholme.*) So that it might possibly be that 300 beds were for fairly early cases and 300 for advanced cases?

(*Dr. Niven.*) No, I do not think it would amount to that. You see it is only the South Manchester guardians that are pursuing that course.

(*Chairman.*) Now, Dr. Paterson, this morning you raised this question of hospital beds for advanced cases or for the dying; could you just tell us what you had in your mind, the nature of the building—the sort of cost that would be entailed; the sort of size of building?

(*Dr. Paterson.*) Well, as far as I can see, those buildings would be large now and will get smaller; the sanatoria will be small now and will get larger.

(*Dr. Addison.*) You mean relatively or absolutely?

(*Dr. Paterson.*) Relatively; the home for the dying ought to become less.

(*Dr. Addison.*) Yes, but I mean the sanatoria will become relatively bigger—in regard to sanatoria absolutely bigger in regard to this original project.

(*Dr. Paterson.*) No, I do not think that.

(*Dr. Newsholme.*) It is a division between beds and buildings.

(*Dr. Paterson.*) The hopeless cases ought to get less and less and the hopeful ones more and more, so my idea of the beds is that the patients should be—we call them advanced or anything; we know perfectly well, and everybody else knows, without even being doctors, that they are not going to get better, and they are never going to do another day's work; they are hopeless, and I should attach those new buildings if possible to existing institutions if they would have them, and I would have them—as I said before—near their friends. What I would like to see would be the money that the poor law spend on these people now, doing little good for them, spent on them a bit sooner in other ways. I would like to take the stigma of the poor law away from them and get them to come into an institution and be looked after much earlier than they do. It is quite true most of them do end in a poor-law institution, but they only go there because they cannot help it. My idea is that they should have a home to go to when they can help it.

(*Chairman.*) In what way would the building differ from a sanatorium; it would be more like a hospital?

(*Dr. Paterson.*) Yes. If I were building an infirmary I should have small wards, that is what I should do, and build them in the form of a hospital.

(*Dr. Latham.*) In a town?

(*Dr. Paterson.*) In a town. I would not go far away from a town. I would keep near a town that their friends might come.

(*Dr. Philip.*) What do you mean by "small wards"?

(*Dr. Paterson.*) Perhaps four or five, six or seven beds; something of that kind.

(*Dr. Addison.*) Do you think you could do this kind of thing—supposing you could not get a wing in a disused fever hospital, or whatever it might be, a small-pox hospital or anything like that—do you think you could make the kind of provision you have in your mind by utilising a row of houses?

(*Dr. Paterson.*) I could utilise a disused small-pox hospital and places like that, certainly.

(*Dr. Addison.*) Or a row of houses?

(*Dr. Niven.*) I omitted to say, in this building at Clayton we took two sets of cottages. The lower set, which is allocated to the women, consists of four cottages and we ran complete corridors along the back and upper part of the cottages, and in fact that is the part of our accommodation for women, and we adapted two houses, which were little more than cottages, at the top of the hill for men, so that you might say that our accommodation for men and women consisted entirely of adapted cottages.

(*Dr. Newsholme.*) Can you tell the Committee how much those would probably cost per bed—can you give the Committee any idea?

(*Dr. Niven.*) I should not like to do so without consulting the figures. I could look up how much they cost. It was not a very large cost.

(*Dr. Addison.*) Do you think 30*l.* per bed would cover it?

(*Dr. Niven.*) I could not say.

(*Chairman.*) Perhaps you will let us know; perhaps you will look up the information and send it to Mr. Willis.

(*Dr. Niven.*) I will let you know; but at any rate it was not a very large consideration.

(*Dr. Mearns Fraser.*) Is not the cost of administration very much more costly in a small than a large building?

(*Dr. Niven.*) Not necessarily.

(*Dr. Mearns Fraser.*) I thought the cost for attendance would be more as you would need a larger staff and have more work to do.

(*Dr. Addison.*) You would not need to have many patients; you would have these more scattered.

(*Dr. Mearns Fraser.*) That would still further increase the cost, if you were to have the patients more scattered.

(*Dr. Niven.*) No, I do not think that practically it makes very much difference. In theory I daresay it does, but, as a matter of fact, I do not think that we use materially more nurses. We should have two day nurses and one night nurse for our four cottages.

(*Dr. Mearns Fraser.*) How many rooms would you have in each?

(*Dr. Niven.*) Well, we take altogether about 20 patients.

(*Dr. Addison.*) It seems to me, sir, that there are two very different conditions. The conditions here are that directly this scheme begins the conditions that will exist at the end of four or five years will be entirely different. When this scheme begins there will be a great many thousands of hopeless cases who will never become insured cases, and can therefore only be dealt with—naturally I am not speaking of administration, I am speaking of the funds of the local authorities—they will never come under the insurance funds, anyhow, a large number of these people. In the course of five years most of them will be dead—they are now hopeless; and the people then, in a much greater proportion, will be insured persons. We should hope that there will not be such a large number of hopeless cases as Dr. Paterson suggests, but it seems to me that if houses can be reasonably adapted, without great cost, to meet this class of case, it would be a practical proceeding to have, fit to say, linked on, perhaps at a distance if you like, so each dispensary, say 30 or 40 beds, according to the requirements of the district, which could just be overlooked by the dispensary officer, and which would save building, rather than building hospitals for this kind of case altogether. That is the project in my mind, and I should like it discussed.

(*Dr. Niven.*) I think that is quite feasible, myself, but I do not see why the dispensary idea needs to be connected with it at all. It is just as easily worked from a central public health office.

(*Dr. Addison.*) I mean not to duplicate the officers. I will assume, for the sake of Dr. Niven, and my own case, too, that the dispensary medical officer is a public servant. Assuming that to be so, and that he is the tuberculosis expert of the district, and, if I may say so, a public servant, under a public health authority if you like, as I should hope it would come to that, he would be the man you would naturally think who would have the oversight of this kind of building. Would you not agree that is a practical arrangement rather than have a separate hospital with a separate staff and all the rest of it?

(*Dr. Niven.*) Yes, I should say so.

(*Dr. Mearns Fraser.*) You must have him resident if you are to have a lot of advanced cases.

(*Dr. Addison.*) He would be a junior.

(*Dr. Niven.*) I do not think he need necessarily be resident. In a large town he could be connected by telephone; he could run up there directly. There is no object in having him sitting in the wards all day. He is just as good at the central office as he is at the house.

(*Dr. Meredith Richards.*) I may say that on two or three occasions I have had to turn private dwelling-houses into hospitals. In my opinion they are not at all satisfactory, and the advice I have recently given at Croydon was that they should acquire a large house with the grounds and use the house for administrative purposes and put wooden buildings up for the reception of these advanced cases. It would be quite practical in a district situated as Croydon is. We can get plenty of houses there with three or four acres of ground, where you could put up these wooden buildings where necessary. In rural districts it seems to me the best way to do with advanced cases is to turn them out into the next cottage; segregate in their own houses. You are never to get a man in a rural village to go into the general hospital.

(*Dr. Addison.*) Of course, you could make a good use of shelters, as you suggest, in this branch of the matter.

(*Dr. Bardswell.*) You cannot get cottages like that in my part of the world.

(*Dr. Newsholme.*) I quite agree there would be great possibilities in the diminution of advanced cases in the future. I am extremely sanguine about the

prospective diminution of tuberculosis, but I must confess I am not so sanguine as Dr. Addison, and I am quite clear that in any complete arrangement for the treatment of tuberculosis as a whole for the first 10 or perhaps even 20 years to come we shall have to make provision for advanced cases on a fairly large scale, and it is no good our blinking the fact that such measures will have to be needed, and we cannot expect that in five years we shall only begin.

(*Dr. Addison.*) I did not suggest that; you quite misunderstood me. It must be a diminishing quantity if you are going to be successful.

(*Dr. Newsholme.*) I think in some cases undoubtedly the Scottish arrangement might answer, especially worked in combination with what Dr. Niven, and I agree with him, first calls a centre, but in other cases there are isolation hospitals already available for the purpose. It is merely a question of putting up an additional pavilion suitable for these cases, and the sanitary authorities already have the grounds there, and they have got a central administrative building, and they only need an extra pavilion for these advanced cases, and the proper conclusion is that local circumstances will vary, and local arrangements will have to vary. So long as they have provision of a fairly satisfactory kind it would be absurd for us to try and tie them down to any future arrangement.

(*Chairman.*) Dr. Bardswell, on the last point I did not hear what you said. Did you say in rural districts they would not make use of shelters?

(*Dr. Bardswell.*) We cannot get cottages. Dr. Meredith Richards mentioned the turning out of the sound part of the family into another cottage. Certainly in Essex you cannot get cottages like that.

(*Chairman.*) But you agree with the probability of putting a tuberculosis person into a shelter in connection with his own cottage.

(*Dr. Bardswell.*) Yes, you could do that. You could not get cottages for the sound people.

(*Dr. Addison.*) A shelter reduces the capital expenditure?

(*Dr. Bardswell.*) Certainly.

(*Dr. Newsholme.*) The use of shelters is necessarily limited by the stage of the disease. You cannot put a dying patient, especially if he has bronchitis, and so on, into a shelter; you need what is comparable to a good hospital ward in those cases, unless you could have equally good treatment at home.

(*Mr. Stafford.*) I hope at the same time it will not go out from this Committee that it is our view that we ought to cover the country with huge hospitals and institutions for the treatment of late cases. I think that is a very fatal thing if we put a large part of our money into bricks and mortar.

(*Dr. Addison.*) I am very anxious that we should take the same line. I think elasticity is very necessary, as Dr. Newsholme very rightly points out. We should hesitate very considerably before we indulge in building operations for this class of cases. We ought to use all our ingenuity to save capital in this line by utilising any existing buildings, and making the best use of shelters or any more economical plan we possibly can.

(*Dr. Newsholme.*) I would like to say I am not suggesting a very great increase in the provision of beds for advanced cases in this country. To a very large extent it is a question of adjustment—utilisation of existing beds. In some towns I have not the slightest doubt, by friendly arrangement, one authority will pass over its beds to another authority, and in that way you will get the excellent provision of the kind which is needed.

(*Dr. Paterson.*) This provision of beds is not so great as it would appear, the new beds required because there are so many thousand people die of tuberculosis in poor-law beds now and they will die there in the future, and my point was that they ought to get into those beds earlier than they do. And with regard to what sort of provision should be made, in my mind it should be only a comfortable place in which they could die. We are not going to attempt to do them any good. The kind of ward, and how it is arranged, does not matter very much, it is simply a place they can end their lives in.

(*Chairman.*) I wonder if it would be possible to have any suggestion as to the number of beds required.

(*Dr. Mearns Fraser.*) Would it help us to know, sir, the number of patients who die now in poor-law institutions.

(*Dr. Newsholme.*) The number of deaths from consumption in London is 40 per cent. of all the deaths occurring in poor-law institutions.

(*Dr. Mearns Fraser.*) Is that applicable to the country?

(*Dr. Newsholme.*) Oh, no, clearly not. In England, as a whole, I cannot give the number, but in all probability it is something like 20 per cent. I can give you the census on a particular day of poor-law beds in England and Wales, and in Wales separately. On a particular day last year there was one bed occupied by consumptive patients in poor-law institutions in England and Wales for every 5,050 population, and in Wales one bed for every 9,009.

(*Dr. Jane Walker.*) In Wales, 9,009?

(*Dr. Newsholme.*) One bed for 9,000 people?

(*Dr. Jane Walker.*) In Wales, one occupied bed?

(*Dr. Newsholme.*) Yes.

(*Dr. Jane Walker.*) In England we require half that number.

(*Dr. Philip.*) In the city of Edinburgh we have accommodation for 62 beds under the municipality and 110 under the poor-law with a population of 320,000, and total deaths from pulmonary phthisis of 375 to 400.

(*Dr. McVail.*) Whilst investigating poor-law medical relief for the Royal Commission, a few years ago, all over England I was struck by the amount of poor-law accommodation that was not being utilised; in many places there were large institutions standing practically empty. In one case I recollect great wards were vacant and the windows had been built up to save the expense of glazing them. At that time I recommended that if there were classification of institutions for poor-law purposes, probably a large amount of bed accommodation would be thrown vacant, and made available for other purposes, and I suggested then that no doubt in the early future there would be purposes requiring bed accommodation, but of course one difficulty is the stigma that attaches to everything that is connected with the poor law. I do not in the least know whether that stigma would be removed by another authority purchasing the poor-law accommodation and using it for other purposes. For example, I was just saying to Dr. Mackenzie that in Glasgow there is a splendid hospital belonging to the Glasgow Parish Council, Stockhill Hospital, a fine institution, as good as any modern hospital and there have been many hundreds of phthisis cases in that hospital. Well, there might be a possibility of Glasgow taking that over and using it for phthisis, as a municipal hospital, taking it out of the poor-law. But the whole thing is to get at the best way to deal with these chronic and dying cases, and for that purpose you would require detailed local information from all over the country. You really need investigation for the purpose, because in one district you might find some nice little poor-law institution which the local authority would be willing to transfer; in another district you might be able to utilise the wards of a fever hospital; in another district there might be some hall or building standing empty, a skating rink, or so on, you know that had come to grief, and you would make use of all that. I do not think myself it would cost a great deal to provide this accommodation, and if you were left a free enough hand you could do it on pretty economical lines.

(*Dr. Addison.*) And you would generally recommend the utilisation of existing buildings before we started building anything else?—Oh, I think so; to see what accommodation there is in existing buildings get local inquiries made. I do not know whether Mr. Willis' Department would undertake that, or how that might be done.

(*Secretary.*) I think it would suffice if this Committee merely say that they think that existing institutions should be utilised as far as possible. I am afraid this Committee cannot itself find out where there are existing buildings.

(*Dr. McVail.*) The Committee might say that, as a first step, inquiries should be made throughout the country as to what accommodation is available at present, and

how far it would require to be supplemented would be for discussion afterwards.

(*Dr. Niven.*) Would you say what accommodation of an approved character is extant.

(*Dr. McVail.*) Poor-law.

(*Dr. Niven.*) It would be just as well to add that.

(*Dr. McVail.*) Yes.

(*Dr. Leslie Mackenzie.*) I may say, sir, that in Glasgow I can give an exact figure. In the parish of Glasgow, for a population of about 500,000 there are 500 beds, parochial beds under the poor law. Taking Glasgow and Govan together, the combined parishes would make somewhere between 700 and 800 beds for a total population of 900,000. A large part of this might very well be available as taken over by the municipality for the permanent use.

(*Dr. Newsholme.*) Glasgow has 700 poor-law beds for a population of 900,000?

(*Dr. Leslie Mackenzie.*) Yes, something like that, in Edinburgh there are about 100 poor-law beds.

(*Dr. Addison.*) Can we form an idea from that of the number of beds of this class. About 4,000 that would come to; I do not know whether Dr. Newsholme has any estimate.

(*Dr. Newsholme.*) The Glasgow experience appears to show that for fairly advanced cases one bed is needed for about 1,200 of the population.

(*Dr. McVail.*) But there are many cases in Glasgow at home, that ought to be in institutions.

(*Dr. Newsholme.*) Am I right first of all in saying in Glasgow at present one bed is occupied by consumptives for every 1,200 or 1,300 of the population?

(*Dr. Leslie Mackenzie.*) That is about right.

(*Dr. Newsholme.*) Dr. McVail says there are many dying at home that ought to be in institutions. That means more beds are needed for advanced cases which, makes it extremely high.

(*Dr. Niven.*) I should say that in Manchester at present the pressure upon all institutions, especially upon some of the poor-law institutions, is very great in spite of all the accommodation, and that the patients have to wait some times for months before they get—not our patients, but the patients at the institution itself—into the Crossley Sanatorium, and the pressure is equally great for admission into the poor-law union hospitals. The people do not like going into the union hospitals, so that there is a very great urgency for increased accommodation in Manchester. I should say at least 400 additional beds would be required for advanced phthisis. That is my impression.

(*Chairman.*) What is the population?

(*Dr. Niven.*) It is about 716,000.

(*Mr. Davies.*) That discussion has been very nice, but there is one point of view that you might lose sight of. I speak with great diffidence here, but I always understood, with regard to these incurable cases, that the policy now pursued in Germany and other countries, is to put them through a sanatorium where they are educated, and sent out having some knowledge how to prevent infecting other people, then they are sent back to their homes, and then I understand a careful watch is kept by the after-care committee, and in those cases where their education has failed, and where they take no precautions at all in regard to disinfection, that then they are summarily taken in hand and sent to some sort of institution where they are kept more or less under lock and key.

I sympathise with your view that to go and multiply a large number of hospitals for these people, it would only be wanted for a certain number of years, is going to entail an enormous cost, and that there is no chance of curing these people, and the great aim should be to educate them to prevent them from infecting their relatives and their friends and the people with whom they come in contact, and the proper solution of this difficulty is to send them off to the sanatorium, where they can get this education and afterwards learn to shift for themselves when they go to their homes, under the supervision of the after-care committee.

(*Dr. Bardswell.*) Do you not think, sir, in a few years' time, the advanced cases will be the early cases that have already been treated in a sanatorium; at the present time not, but in a few years time your advanced cases will be the early cases of that day.

That will rectify itself in regard to education in time.

(*Dr. Niven.*) That sounds quite satisfactory, but as a matter of fact, when the cases have been home for some time, and as the disease advances it will not be so easy to get them to carry out proper precautions.

(*Dr. Bardswell.*) That is where your dispensary man comes in.

(*Dr. Niven.*) Well, you will require, I think, that they shall be removed to an institution if you are going to get anything like safety as regards infection. It is in the later stages, when they are approaching the later stages of life, when the infection has been more abundantly discharged, that you more especially require institutional treatment.

(*Dr. Addison.*) Tenement dwellings and places of that kind.

(*Dr. McVail.*) In Scotland the houses are so small; the average Scotsman's house is of two apartments, especially in Glasgow, the great bulk of them there. This inquiry of Dr. Mackenzie shows that even with education you can do very little in such a small house as that for the prevention of infection; there is no accommodation.

(*Dr. Newsholme.*) I lay as much stress as Mr. Davies does of the extreme importance of education of consumptive patients to manage themselves properly. I think it is an indispensable part of any scheme if the patient began as an early case, presumably he will have got that education, if he is only captured in somewhat later stage he will need it then, but still there remains behind that the problem that when you get the much advanced and bed-ridden case he is at times too weak to take the necessary precautions, and, if it is a one or two roomed tenement, he is a source of very great danger to his wife and family.

(*Dr. Bardswell.*) A great deal depends upon the housing conditions.

(*Dr. Newsholme.*) Oh, clearly, I am not suggesting in every case, but in big towns.

(*Dr. Addison.*) Could we not get a provisional idea? We do not want so many of these beds, I take it, of any permanent character as we shall the sanatorium beds. Provisionally we will want a certain number, 5,000 and 6,000; your estimate, Dr. Newsholme, would sound to be between 5,000 and 6,000.

(*Dr. Newsholme.*) You would have to bear this in mind, that, not only will the amount of tuberculosis diminish in a few years, owing to the early treatment of cases and the compulsory notification, and also the result of compulsory notification, but at the same time you will have a very considerable proportion of advanced cases coming along, who formerly would have drifted necessarily to the poor law, and who, in consequence of the Insurance Act, now will not drift into the poor law, and will demand treatment, and therefore any optimistic estimate of the number of beds required for advanced cases will have to be checked by the fact that people will not be drifting into the poor law.

(*Dr. Addeson.*) Well, we shall have to deal with the question of finance when we get a report from Dr. Niven as to the cost of beds in transformed dwellings, and so on. We could provisionally allot a number of beds, in fact, in our findings later on, we must arrive at some provisional figure, or we shall be quite in the dark.

(*The Secretary.*) Dr. McVail suggested 1 in 1,000 of the population for advanced cases.

(*Dr. McVail.*) It must have been somebody else.

(*The Secretary.*) That would mean 40,000 beds.

(*Dr. Addison.*) That is much too high, except in big cities.

(*Dr. Niven.*) It needs a good deal more than that.

(*Dr. Newsholme.*) At the time; it is desirable for the time being.

(*Dr. Niven.*) It needs much more than that in a big city, to be effectual. I was only thinking you meant that as an average for the country generally.

(*Dr. Newsholme.*) Oh, no.

(*Dr. Addison.*) That is not your average?

(*Dr. Niven.*) That is not the existing number.

(*Dr. Addison.*) The prospective number; you said you wanted so many more.

(*Dr. Niven.*) You mean additional.

(*Dr. Addison.*) You mean you wanted about 4,000, I took your figure to be.

(*Dr. Niven*) I suggest we want about 400 additional beds for a population of 716,000, or thereabouts.

(*Dr. Addison.*) That is right, you already have?

(*Dr. Niven.*) We already have about 600; getting on for 600.

(*Dr. Meredith Richards.*) How many deaths in the year?

(*Dr. Niven.*) Of course, that varies, about 1,100.

(*Dr. McVail.*) How long do you suppose they would occupy a bed, on the average.

(*Dr. Niven.*) That varies very much. From a few weeks to months, and perhaps years.

(*Dr. McVail.*) So that each of these 400 additional beds you are contemplating has given accommodation to four, or five, or six persons in a year?

(*Dr. Niven.*) I am including, of course, certain provision for sanatorium beds.

(*Dr. McVail.*) I know, but these are dying cases.

(*Dr. Niven.*) Yes, but I am speaking of beds in the total.

(*Dr. Philip.*) You may take an average of three months.

(*Dr. Niven.*) Yes, I do not think we would require that number.

(*Dr. McVail.*) I am not quite sure whether Dr. Niven has had in mind in making his statement the fact that each bed would receive several patients in the course of the year.

(*Dr. Niven.*) Oh, yes.

(*Dr. McVail.*) You say we have only 40,000 deaths per annum in England and Wales. Your scheme would give us nearly a bed per death.

(*Dr. Mearns Fraser.*) They die, the poor-law beds.

(*Dr. McVail.*) They die at home. Two or three patients pass through a bed in the year.

(*Dr. Leslie Mackenzie.*) It is found in the county of Lanark, without making any distinction, without taking into consideration sanatorium and other beds, that the average days in hospital runs to about 80 or 90 days.

(*Dr. Newsholme.*) Well, 90 days is a common figure, that is four times a year a bed can be occupied, if you divide the yearly beds by four you would come pretty near it.

(*Dr. Paterson.*) They ought to come sooner than that. A man only comes in when he cannot walk.

(*Dr. Niven.*) I must admit I was reckoning both sanatorium and other beds; I have not separated them; and I think I should require to reflect before separating them into two divisions.

(*Dr. Latham.*) I think it is a question which can only be found out by experience. I think the best plan is the death-rate, as you suggest. If the death-rate in England and Wales is something like 40,000 you ought to know six months ahead whether the man is going to die, so you reduce it to 10,000. Then, there are some under the poor law who are not under the Insurance Act, so I should take it 10,000 to 12,000 beds.

(*Dr. Niven.*) Then, you would get more than one patient through a bed.

(*Dr. Latham.*) I have divided it into two patients a year, if you follow up Dr. Paterson's idea of getting them earlier.

(*Dr. Newsholme.*) I am inclined to be led to the same conclusion. If you take a total of 10,000 and divide them according to the local circumstances in the early cases, it would give you a rough idea.

(*Dr. Bardswell.*) There are 40,000 deaths per annum now, and 12,000 of those takes place in poor-law institutions throughout the country; that leaves 28,000 to deal with that will come under insurance; that is if their death will come under insurance.

(*Dr. Addison.*) That includes children, that 40,000, children under two years of age?

(*Dr. Bardswell.*) That includes everybody dying; that leaves 28,000, everybody included except the poor law.

(*Dr. Addison.*) I must say it seems to me the more you analyse it the more difficult it is to arrive at any figure. I should have thought 6,000 beds would have been ample according to these calculations.

(*Dr. Philip.*) I reckon it is one-third of the death-rate, and then a term of four months for each.

(*Dr. Addison.*) Of course, we are thinking, not of insured persons and their dependents, but of the problem for the whole country independently of that.

(*Dr. Leslie Mackenzie.*) Taking Scotland with 6,000 deaths from pulmonary phthisis, I should say, roughly, 1,500 beds would be wanted.

(*Dr. Addison.*) About one half.

(*Mr. Stafford.*) About the same proportion as the sanatorium beds.

(*Dr. Leslie Mackenzie.*) It is found by experience that 90 days is about the average time a bed is occupied; sometimes longer, sometimes shorter.

(*Dr. Niven.*) I should like to follow that out.

(*Dr. Leslie Mackenzie.*) In Lanarkshire, where all cases have been dealt with and the numbers amount to hundreds, it is found that the average time in hospital runs to between 80 and 90 days. Well, taking that as, roughly, three months, one bed would serve four persons a year. Taking, therefore, one-fourth of your total deaths, it would give us, in Scotland, 1,500 or 6,000 deaths approximately from phthisis.

(*Dr. Niven.*) One fourth of your total deaths as accommodation.

(*Dr. Leslie Mackenzie.*) As accommodation.

(*Dr. Niven.*) What is your total deaths?

(*Dr. Leslie Mackenzie.*) About 6,000.

(*Dr. Niven.*) That is very easily tested. By taking the Manchester figures for deaths. I am quite clear that would not give us anything like the amount of accommodation which is needed. In one year there were 1,089 deaths. If you divide that by four to get at your beds, as *Dr. Leslie Mackenzie* suggests, 1,089 divided by four gives 272 beds, whereas, as a matter of fact, we already have about 600 beds, and we require a great deal more; I should say about 400 more altogether, so that that does not give us a satisfactory basis.

(*Dr. Newsholme.*) All the way through we are getting quite outside the scope of this Committee's deliberations. There are other beds available, which in the big cities are doing excellent work; I do not say all over the country.

(*Dr. Addison.*) We are really considering this problem just now from the point of view of capital grants, and, therefore, of course, we shall have to make these capital grants for existing beds, though we may give something towards maintenance. I really think we want to reduce our number of beds, that 6,000 we are prepared to give capital grants for.

(*Dr. Newsholme.*) I think if you say one bed for all beds outside the poor law for 2,000 population, and then the first year only make a grant for half that amount until the Local Government Board and the Commission see their way, then you will probably not be exceeding what is desirable, but it is better to begin tentatively—not to go too far.

(*Dr. Niven.*) I think that would be a very good basis. One bed for every 2,000 of the population.

(*Dr. Newsholme.*) Only one half of that number to be provided on the first grant. That is the sort of idea I had in my mind.

(*Dr. Niven.*) Yes, then that would be a very good way.

(*Dr. Newsholme.*) You feel your way.

(*Dr. Addison.*) That would be a prospective 10,000 beds.

(*Dr. Bardswell.*) Six thousand beds would cost you 900,000*l.*

(*Dr. Addison.*) It depends on what you are to spend per bed.

(*Dr. Bardswell.*) That is for advanced cases only.

(*Dr. Addison.*) We are not to have new beds if they are to cost much.

(*Dr. Newsholme.*) No, the cost of all that would not come out of the Imperial funds, but part out of the local funds.

(*Dr. Addison.*) *Dr. Niven* is to give us a report on the cost of existing institutions. I should hope we may be able to reduce our grant to 30*l.* or 40*l.* a bed.

(*Dr. Niven.*) I do not think you can expect to do the same thing everywhere, it depends on the cottages which you have adapted. You could not to do that with every class of cottage; the rooms have to be very large.

(*Dr. Newsholme.*) It is a very special case—Clayton.

(*Dr. Niven.*) Yes.

(*Dr. Addison.*) Is there any further point about the beds of the dispensary; we are generally agreed?

(*Dr. Paterson.*) There is only the point which was raised by Mr. David Davies; I do not think he quite understands you, Dr. Newsholme. Supposing the patient is hopeless, in that he is unfit for work and he is still able to walk about and he is careful, and at least a behaving man as regards tuberculosis, but is not yet bedridden, is he to go into these advanced beds, or is he to go in later on when he really is incapable of looking after himself, as he must become in the end. We are all thoroughly in agreement with you that the place to die is in here, because they cannot look after their sputum when they are dying.

(*Dr. Newsholme.*) In answer to that, personally, I should say there is not the slightest reason why the expense should be incurred of supporting a man able to walk about, in an institution, so long as he is behaving in a proper manner and not making himself a source of possible infection.

(*Dr. Paterson.*) That was the one that Mr. Davies meant, and he cannot see in this scheme where he is to receive his education.

(*Dr. Addison.*) We have 20 beds; we have agreed on the rest.

(*Dr. Newsholme.*) On the hypothesis stated by Dr. Paterson, he does not need education, because you said he was already behaving properly.

(*Dr. Paterson.*) I was assuming that he had been educated.

(*Dr. Newsholme.*) Oh, yes.

(*Dr. Addison.*) I take it some of these beds—we agreed 20 beds in a general way allotted to dispensary—will be education beds.

(*Dr. Leslie Mackenzie.*) They are meant as observation beds, of course.

(*Dr. Newsholme.*) Emergency?

(*Dr. Bardswell.*) Observation and emergency.

(*Dr. Addison.*) Are we to make any recommendation about beds for education purposes? I should have thought these advanced beds would be education beds; we could use these beds for education purposes. I do not think we need make any separate recommendation. We refer to it in the body of the report, but I do not think it involves separate provision.

(*Dr. Leslie Mackenzie.*) You would contemplate that different amounts of grant might go for different purposes. In giving so much to a sanatorium, you would not necessarily give the same amount for advanced cases, and still less for emergency cases. You reserve entire liberty to apportion the amount of grant to a particular purpose.

(*Dr. Addison.*) Exactly. I think we want to place a premium on the local authority providing—it would not cost much—and then we could compel them to provide a thing relatively inexpensive to the rate-payers; they will not have the same objection to provide it provided they get a good lot towards the bigger things. Therefore, it does affect the proportion of our grants, the proportion of these institutions, in the whole scheme. That is to say, if the local authority can provide a dispensary at a relatively small cost, and they know that this is a part of the whole scheme, they fall in with the general scheme; they will get a big grant towards the provision of the sanatorium we are placing upon them, they will have less objection to provide these less expensive parts of the scheme.

(*Dr. Newsholme.*) Have we considered the item of children?

(*Dr. Addison.*) The Chairman asked me to take those things. I think really it was to wait until Sir George Newman got back before dealing with the question of children. As he is here now, we might as well take children; children in pulmonary cases.

(*Dr. Jane Walker.*) Which sheet are we going to?

(*Dr. Addison.*) Resolution 7; you will see we have had beds per population, and staff, and so on, and the sanatorium running expenses, and so forth, length of stay; now we come to “for children,” before the words “tuberculin,” and “sanatorium”; therefore, we have to consider the provisions for children. I think we had better open up the general scope as to provision for children. We first settle the question whether out of the moneys which are available to us, out of the

capital grant, we are to do anything in respect of children and tuberculosis. That is the first question to settle. Then, we have to settle, relatively, what proportion is it going to bear to the remainder.

(*Dr. Latham.*) What is a child?

(*Dr. Addison.*) Well, a child under 16 years of age; you may say of school age; I think we might take it of school age, or less; that is the best way of taking it. There are two groups of these children, that is below school age, that is those under five, and those of school age. Perhaps it would be convenient if we took those of school age first, as Sir George Newman is here.

(*Sir George Newman.*) I am not at all clear, Mr. Chairman, what information the Committee would like. With regard to money it will perhaps be convenient that they should know that the Chancellor of the Exchequer proposes to place upon the education estimates a sum of money, beginning on April 1st next, this next financial year, for medical treatment in a broad sense. That sum of money will not be sufficiently large, as far as I understand, to add very much in capital expenditure. Its intention is mainly for the purpose of medical treatment in school clinics, and so forth, and also possibly a relatively small sum for maintenance grants in institutions.

We have at the present time relatively few institutions for treatment of tuberculosis children, who are perhaps half-and-half, perhaps half phthisis and half surgical, and it is intended by the Chancellor of the Exchequer that some of this money should be devoted towards the maintenance of children in such institutions. No money has been provided actually by the Chancellor of the Exchequer for medical inspection pure and simple, but money has been provided for medical treatment and for medical services leading up to medical treatment; much of what goes by the general term of following up. I shall be glad to answer any questions that I can answer on the point of the present expenditure, and the present way in which expenditure is laid out by the local authorities for tuberculous children if the Committee desire, but I should prefer to hear what they desire before troubling them with details which are unimportant.

So much on the question of money. On the point of tubercule generally, I should like to take an early opportunity of saying this, that, as probably everybody in the room is aware, it has hitherto been found extremely difficult to differentiate exactly the number of children that may be considered to be suffering from tuberculosis, and very varying returns have been received from different observers and from different areas. Roughly, as most of those here are aware, it is believed that about 1 per cent. of the six million children on the school registers—there are just over six million school children on the school registers, that is, between 5 and 14, including a few children below five, but not many—are suffering from tuberculosis. Now, of those six million children, as far as a rough estimate can be made, it is believed that not less than 1 per cent. are suffering from tuberculosis. I know there are some distinguished authorities who state that tuberculosis is very much more common among children than is represented by that figure, but up to the present, from the returns we have had as the result of medical inspection, I think that is the most that can be said.

(*Dr. Leslie Mackenzie.*) Excuse me, Sir George, does that mean pulmonary or general tuberculosis?

(*Sir George Newman.*) That means both, as the result of medical inspection. It is not necessary for me to remind the Committee that medical inspection is necessarily in its present stage, at all events, of a somewhat—what shall I say, I do not wish to use an unkind word—but it is somewhat cursory sometimes, and undoubtedly there are large numbers of cases which may be missed.

These cases are being netted in much more through inspection clinics and school clinics now than was the case a year or two years ago, and I have no doubt, as these institutions grow, and all children that require further examination are referred to these school clinics and inspection centres, there will be a greater yield of tuberculosis discovered.

With regard to most of these tuberculosis children that require school or sanatorium treatment, the

Committee will be aware that it is relatively little pulmonary; it is mostly non-pulmonary joints and glands, and so on. I do not know whether there are other points which the Committee would like me to deal with; I should be very glad to be asked by the Committee.

(*Dr. Newsholme.*) May I ask whether you have formed any estimate of the number of beds which are likely to be required for children of school age suffering from tuberculosis.

(*Sir George Newman.*) No, that is a very difficult figure. We have endeavoured to make some kind of estimate of that, but it is a very difficult figure to arrive at. The difficulty arises largely from this, that children who are too ill to be at school are not, of course, netted in by medical inspection, and it is only in certain districts that the school medical officer has at present been able to pursue the child to the home for examination purposes. That is due to various administrative difficulties between the school attendance departments and the school medical departments, so that, as a matter of fact, there are no doubt a great many cripples, to use a colloquial term, and tuberculosis children of all sorts who are not at present attending school. These children, apart from clinics, are not coming under the observation of the State very much at present, so it is extremely difficult to put down an exact figure.

I had the opportunity of discussing this in a good deal of detail with Mr. Govain, who is the surgeon at Treloar's, at Alton, where they have 230 tuberculous children in bed, and they have 60 tuberculous boys who are up to the ages of 16 and 20, to whom they are teaching a trade. We were down there with the Chancellor of the Exchequer, and he particularly inquired of Mr. Govain how many institutions of that kind he thought would be needed. Perhaps I ought just to tell the Committee that there is an institution somewhat of this character at Manchester, at Swinton House, and an institution somewhat of this character at Hesswell, in connection with Liverpool. Hesswell is on Deeside, just over from Liverpool, past Birkenhead, and there are one or two institutions of the same kind, but there are three large institutions in this country which are being run on the same lines, namely, Alton, Swinton, and Hesswell, and the one that is the most advanced, and has had the largest experience is the one at Alton; so we discussed, in a good deal of detail, what we thought would be necessary, and we found ourselves in great difficulty because of lack of data. Dr. Govain told us that from the large number of applications that were being made for admission to Alton, he thought he could very easily fill another Alton in that district of England only. That would be another 230 cases. I have discussed this, of course, in Manchester and Liverpool, and various other cities. Although it is extremely difficult to arrive at anything that is really reliable, I have no doubt that if we could see our way to eight or ten institutions of that size we should meet a great deal of the surgical tuberculosis. Dr. Philip has given a good deal of attention to this, I know, and has written and spoken on the subject, and personally I shall only be too glad to hear what others have got to say on the subject.

(*Dr. Niven.*) What size, Sir George?

(*Sir George Newman.*) 230; Mr. Govain, perhaps, I ought to say this, would prefer a larger number than 230 in an institution, but I am bound to say I was not convinced of that myself. He thought he could run an institution of perhaps 400 children for surgical tuberculosis better than he could run one of 230.

(*Dr. Addison.*) Could you give us an idea how much these institutions cost per day?

(*Sir George Newman.*) No, I am afraid we cannot make very much differentiation from the adult class.

(*Dr. Bardswell.*) Would they not remain rather longer?

(*Sir George Newman.*) Yes, they remain longer. The children at Alton remain, I should think, from six months to a year.

(*Dr. Bardswell.*) Sometimes even two years.

(*Sir George Newman.*) A few of them two years. I must not confound the 230 with the 60. The 60 cripples are leaving there, and, of course, are staying there for two or three years each, but the children, I

gathered, ran from about six months to a year or 18 months to two years.

(*Dr. Niven.*) Is Alton a school?

(*Sir George Newman.*) Well, Alton is a school sanatorium, as it is called.

(*Dr. Niven.*) Yes, it is a school.

(*Sir George Newman.*) It is a school in the sense that they occupy some of the children with lessons during part of their time; it is not a grant-earning school.

(*Dr. Niven.*) Then it is not a school in the same sense that the education school at Manchester is a school.

(*Sir George Newman.*) It is a school in the same sense that Swinton House is.

(*Dr. Niven.*) Because there they give them a very good education, as far as I could gather.

(*Sir George Newman.*) Yes, I think as good as they can, under the circumstances. The circumstances mean a lot of teachers owing to the condition of the child, and, of course, this is being done in several hospitals for tuberculosis where children are being taught as well as treated, and they are receiving grants. Then, there are several smaller institutions, so that altogether I should say that probably there were a dozen or 20 institutions at the present time throughout the country receiving children who will come, as far as one is able to see—though the regulations have not yet been submitted to the Treasury, but I understand that they are likely to be more or less acceptable to the Treasury—within the new grant *qua* maintenance. But the great bulk of the new grant, 75 to 80 per cent. of it, must go for the medical treatment in relation to non-institutional treatment, not in relation to institutions.

(*Dr. Philip.*) Have you some schools in relation to tuberculosis dispensaries?

(*Sir George Newman.*) One or two. And, of course, we have other kindred institutions. We have eight or nine open-air schools, and they would also be entitled to grant.

(*Dr. Maguire.*) What machinery is generally used to get these children into such institutions; is it through the dispensaries or the general hospitals?

(*Sir George Newman.*) I think the answer is exactly what you have suggested; I should think they come from a variety of sources, like hospitals and dispensaries and charitable persons and so on. At schools like Swinton, they are much more closely associated fortunately with the local education authority, and would come partly through Mr. Talfourd, and partly through Dr. Govain and his staff, and partly through Dr. Ritchie.

(*Mr. Stafford.*) Do they not come from medical inspection?

(*Sir George Newman.*) A few of them come from medical inspection, and the children from the open-air schools come from medical inspection, and some of these children in those other institutions come from medical inspection.

(*Dr. Leslie Mackenzie.*) How many children would there be in your open-air schools, roughly.

(*Sir George Newman.*) I should think, roughly, 500 or 600. May I just say one word; I am reminded by Dr. Leslie Mackenzie. The children in the open-air schools come into relationship with tuberculosis as children likely to be favourably disposed to tuberculosis. They are not actually tuberculosis children as a rule.

(*Dr. Leslie Mackenzie.*) They are not selected on that ground.

(*Sir George Newman.*) They are not selected on the ground of tuberculosis; they are selected on the ground of general debility, or anæmia or sometimes tuberculous glands, and so on, but not primarily tuberculosis; rather a pre-tuberculous stage.

(*Mr. Stafford.*) What amount of grant do you give for your medical inspection of schools?

(*Sir George Newman.*) We give no grant for medical inspection of schools.

(*Mr. Stafford.*) Do they not get a grant from the Government?

(*Sir George Newman.*) No; it all comes out of the rates—medical inspection.

(*Dr. Niven.*) When you say a grant will be given from the Treasury, do you mean through the Educational Department or through the Insurance Act.

(*Sir George Newman.*) No, through the Education Act; placed on the Estimates.

(*Mr. Stafford.*) For treatment.

(*Sir George Newman.*) For treatment only, and all medical services preliminary to treatment.

(*Mr. Stafford.*) That includes inspection?

(*Sir George Newman.*) Barring inspection pure and simple. The child has to be followed up, and nurses have to be employed, and so on, and very heavy expenses are involved in the following up of a child in its home, and so on, and the Treasury, apparently, considered firstly, that it would be reasonable to pay for treatment only, but on further consideration they are satisfied that they should pay a grant for all these preliminary services, and no grant will be given unless medical inspection is satisfactory, so that they hope by that means to make all three processes of medical inspection, intermediate work, and the actual preventive treatment, satisfactory and effective.

(*Mr. Stafford.*) Does that apply to Ireland and Scotland as well, do you know, any portion of that grant?

(*Sir George Newman.*) Dr. Mackenzie tells me —

(*Dr. Leslie Mackenzie.*) I have not heard of it at all in detail, sir.

(*Sir George Newman.*) Sir John Struthers told me that a certain proportion, relatively small, about 8 per cent. or 10 per cent.

(*Dr. Leslie Mackenzie.*) About 10 per cent., it is 80—11. I fancy it will come under the equivalent grants to be settled by that number.

(*Mr. Stafford.*) About 25 per cent., I suppose, would come to Ireland.

(*Sir George Newman.*) Probably; personally, I did not hear anything about that.

(*Dr. Addison.*) It seems to me there are two issues here. The first is, we have already an organisation under the Education Authorities which is inspecting children, and which is under statutory obligation to inspect them, and as the corollary to that they are doing something towards treatment, but the whole of that charge has hitherto fallen on rates. The treatment has not been developed so much as we would want it developed, but they are going to have a grant from the Exchequer in aid of treatment, which will be administered through the Board of Education. It seems to me the main consideration, so far as we are concerned now—I do not expect any of us would wish to interfere with a Department of the State doing this work *qua* children of school age—and start another organisation treating the same class of people. That being so, it seems to me that it resolves itself into this, are we to give any of our capital we are presently considering in aid of the provision of open-air schools, or additional beds to those Sir George Newman has been describing to us, which are necessary for the adequate extension of medical treatment, the maintenance of which is being provided for to some small extent by the grant which is to be put on this year's Estimates, and which is to be given for the first time. It seems to me that we have a chance here of assisting local authorities, as they ought to have been assisted a long time since, out of this fund, and which would prove eventually to be a good investment.

(*Dr. Smith Whitaker.*) I think, sir, under the Finance Act, 1,500,000*l.* was intended for tuberculosis generally.

(*Dr. Addison.*) Exactly.

(*Dr. Smith Whitaker.*) And that children therefore cannot properly be excluded.

(*Dr. Addison.*) Precisely.

(*Dr. Leslie Mackenzie.*) On the other hand, under the Insurance Act you have the wives and children of insured persons.

(*Dr. Addison.*) I am saying so now from the point of view of insurance to get the education authorities to treat these children as far as possible.

(*Dr. Philp.*) In that connection I wanted to ask what have been the results of the open-air schools?

(*Sir George Newman.*) It is common knowledge that the results have, generally speaking, been admirable. I think I am merely putting a general phrase to it now. I could furnish results; I could furnish a large number of records of weight-tests and weight results. I think we may be satisfied that, taken as a whole, the results have been admirable.

(*Dr. Philip.*) That is sufficient for my purpose. I was just to say that I think no one can deny that we have far more tuberculosis in school children than those school statistics suggest. One per cent. seems to me quite impossible. My own observations go to show that something like 30 per cent. of our school children are already tuberculised. These results are in keeping with the results which are coming in from all the countries of the world more recently and, therefore, from that point of view, that is one of the most important aspects with which this Committee has been faced. On the other hand, that is why I ask the question, a large proportion of tuberculosis in school children is of such a slight nature that it does not require anything beyond careful watching on the broad lines which have been referred to. So far as our present activity here is concerned, it seems to me that the most valuable arm of organisation is the dispensary. The dispensary, by its systematic system of "march past," determines at the earliest possible moment, the presence of tuberculosis, and by directing, along with the education authorities, that these children should go to open-air schools, tuberculosis clinics in connection with the dispensary, hospitals, and so on, it does really everything that is required so that the amount of actual institutional need is small.

(*Dr. Addison.*) Of course there are a good many pre-tubercular children, to use such an expression, at open-air schools, school sanatoria, and such like, of which at the present time the provision is very inadequate, and surgical cases, as Dr. Newsholme very rightly reminded us, of which at the present time a good many in cities, London for one, do not get such treatment as they ought to get, glands in the neck, and joints, and all manner of things; particularly these two groups of cases.

(*Dr. Philip.*) My point is this, that although my statistics, which I believe are thoroughly accurate, would go to swell the amount of tuberculosis enormously, I do not think, therefore, the expenditure required from this particular Committee need necessarily be very great.

(*Dr. Leslie Mackenzie.*) I may say, sir, that the other day the School Board of Edinburgh decided to institute and arrange for a holiday home, in which to board children that are below par in the pre-tubercular condition you spoke of, or rather the condition that Sir George Newman speaks of, for periods, according to their need, in the country.

(*Dr. Addison.*) Pre-tubercular.

(*Dr. Leslie Mackenzie.*) And the estimated expenditure will be something like 15*l.* a year per head. There is a school arranged, and they will be boarded for periods varying from a month to six weeks or three months, according to circumstances. It is only the beginning of an experiment, but it is an experiment that may develop very large results. On the other hand, as Sir George Newman has indicated in England, in Edinburgh there are some three special schools with cripples who are largely tubercular, and in Glasgow some 10 schools or more of the same order.

(*Sir George Newman.*) Are these residential schools?

(*Dr. Leslie Mackenzie.*) These are not residential schools; the first is a residential school.

(*Sir George Newman.*) There are a large number of day schools for tuberculous children, and what are called day cripple schools in England, which already receive State aid.

(*Dr. Leslie Mackenzie.*) Yes, I understand.

(*Sir George Newman.*) But I was not referring to these.

(*Dr. Leslie Mackenzie.*) No, you mean residential schools.

(*Sir George Newman.*) Residential schools.

(*Dr. Leslie Mackenzie.*) These are not tubercular, holiday schools, but debilitated.

(*Dr. Addison.*) Debilitated?

(*Dr. Leslie Mackenzie.*) Debilitated.

(*Dr. Addison.*) I suppose Dr. Philip would support that?

(*Dr. Leslie Mackenzie.*) Oh, I have no doubt.

(*Dr. Addison.*) That it would be desirable to provide additional institutions for these children, especially in the pre-tubercular stage, so as to strengthen their resistance.

(*Dr. Philip.*) Presumably, this is largely done through the Education Department. To secure the extension of it, that is our line so far as this Committee goes. Yes, but the local education authority is a little sticky in the matter, because, although we have had a tuberculous school in connection with the Royal Victoria Hospital for the last six years, the School Board of Edinburgh was unwilling in any sense to link it up with its activity, largely on the ground that the education authorities do not think that the tuberculous child ought to be educated. They doubted whether it was worth educating, on the one hand, and they doubted on the other whether medically it was not going to do it harm.

(*Mr. Stafford.*) This is a very important question from the Irish point of view, for this reason, that the incidence of the school age in Ireland is very much higher than it is either in England or Scotland. We, at present, have got no medical inspection of school children, and no means whatever of dealing with these cases such as they have in England, and from that point of view I think it is a very important thing that we should devote a portion of our money towards this question of the children. We look upon it as almost the most important of our preventive work, looking after the children of school age. For that reason, I should like to see some special reference to the necessity of inspection of schools in Ireland, and some system somewhat similar to what we have in England adopted in Ireland. I think this is the very beginning and end of the whole question of tuberculosis.

(*Dr. Addison.*) And you suggest that institutions should be made more available than they are.

(*Mr. Stafford.*) We have got none.

(*Dr. Leslie Mackenzie.*) I must say, in view of the facts in Glasgow of the one or two-roomed houses in Edinburgh, and Glasgow, and elsewhere, I think there is more room for the institution being developed, especially as we know that one of the great tap-roots of tuberculosis, or rather the revivifying of outbreaks, so to speak, are epidemics of measles and whooping-cough. The local authorities have done practically nothing for the convalescents from these diseases, and I quite expect in course of time the education authorities and the local authorities will apply themselves to getting the residential holiday home to take the aftermath of the big measles and whooping-cough epidemics. I think there is a good deal of institutional treatment called for there.

(*Dr. Maguire.*) I quite agree with the remarks of Dr. Philip as regards the percentage of tuberculosis among children, and I think I go further and say, that it is even higher in Ireland than in a place like Edinburgh. I think that this might possibly be accounted for by the fact that we have not got any education medical authority. The result is that children are allowed, without any medical inspection, to come to a condition that predisposes to tuberculosis. And I would also take this opportunity of endorsing the remarks of Mr. Stafford. I think it is a most essential thing that we should have a medical school service or something of that nature in Ireland in order to assist us in the early prevention and detection of tuberculosis in children.

(*Sir George Newman.*) I ought perhaps to qualify one thing I said. When I said 1 per cent., I wished to convey the impression that that was not less than 1 per cent., and that was the average throughout the whole country, rural and urban. But I ought to say there is not the divergence between the 1 and the 30 that there appears to be, because in some districts as much as 15 per cent. has been reported; so that the figures have been very much higher in some districts than in ours, and almost half Dr. Philip's figure.

(*Dr. Philip.*) Have they been increasing as the medical inspection went on?

(*Sir George Newman.*) No; they remain extremely steady.

(*Dr. Philip.*) The medical inspection is very cursory, I think; in fact, so cursory that sometimes examination does not occur unless there is complaint.

(*Sir George Newman.*) I do not think I could quite accept that. I do not wish to make any reflection on Scotland, but I think the treatment in England is

perhaps somewhat more strict. From what I observed in Glasgow and Edinburgh on two or three occasions in the last five years, I certainly formed the opinion that the examination is more thorough and systematic in England than it is in Edinburgh and Glasgow.

(*Dr. Leslie Mackenzie.*) I should say it was. We have begun it now in Scotland. These were only tentative that you are speaking of.

(*Sir George Newman.*) That is good. But in response to Dr. Philip, I think I ought to say that certainly the statute, the code, and the regulations are so drafted that no child can be missed if it is in attendance at school. There is a recognised schedule through which the examination has to pass, so that not many slip through the net.

(*Dr. Leslie Mackenzie.*) When you say missed from examination, what do you mean?

(*Sir George Newman.*) Missed from one examination. I am not saying missed from two. I think it is quite possible, for various reasons which will appeal to the Committee at once, that a State system of medical inspection in schools should take place on the school premises. If once you take the child away from the school you are introducing a new element into the whole area. If a child is examined at school, we understand there are difficulties, because perhaps 6, 7, 8, or 10 minutes at the most are devoted to the child, and no doubt in that way some cases are missed; but the children are all got in the net, although they may not be diagnosed rightly.

(*Dr. Leslie Mackenzie.*) I presume the methods are of just the ordinary clinical kind.

(*Sir George Newman.*) Yes, with the exception of the use, perhaps in a dozen districts of the von Pirquet test. The von Pirquet test has perhaps been used in Liverpool and a dozen areas; but it has not been recommended by the Government at all. It has not been encouraged by the Board of Education or by the local authorities, I think.

(*Dr. Leslie Mackenzie.*) Have the results been anything like what you recorded in your report for Alton?

(*Sir George Newman.*) No; they have not been as much as that.

(*Dr. Leslie Mackenzie.*) Still, they have been more than by the ordinary methods?

(*Sir George Newman.*) Yes, more than by the ordinary clinical methods.

(*Dr. Addison.*) There seems to be a good deal of general agreement between the three countries on this. It might be useful if, say, Sir George Newman, Mr. Stafford, and Dr. Leslie Mackenzie drafted something to embody in the general statements of the report and to call attention specially to Ireland.

(*Mr. Stafford.*) I would certainly prefer to see more money spent on this department in Ireland and less on the later cases.

(*Dr. Addison.*) Perhaps it might give us a little pressure for legislation to draw attention to the fact that this is not done in Ireland, and it ought to be done.

(*Dr. Niven.*) Of course I may say besides these schools, in connection with the Education Department in Manchester, there is a Bethesda Home for cripples, and a number of cases are taken into the Manchester and Salford Children's Hospital and into other institutions besides the cases that are overlooked; so that the number of tuberculosis cases in children is very much larger perhaps than appears in the education figures.

(*Sir George Newman.*) I fully agree.

(*Dr. Maguire.*) In Belfast we have actually started voluntarily a medical school with a view really to testing the results of inspection in a few selected schools, and, if you like, I could have those results got out for you if they would be of any assistance.

(*Mr. Davies.*) May I ask, Sir George, what proportion of the cases of phthisical children are pulmonary or surgical?

(*Sir George Newman.*) What proportion pulmonary and what proportion surgical?

(*Mr. Davies.*) Quite.

(*Sir George Newman.*) I am afraid it is impossible to give a figure at all for the country. Of course the majority are surgical, not pulmonary. I should rather prefer to say the majority of children suffering from tuberculosis are non-pulmonary.

(*Mr. Davies.*) Consequently, when we come to consider the provision to be made, should not we divide it into those two sections?

(*Sir George Newman.*) Yes; more residential provision will be required for non-pulmonary children than for those which are pulmonary. As Dr. Philip has said, the pulmonary ones are relatively slight, and they get more largely met through less expensive institutions such as open schools and so on than residential institutions.

(*Mr. Davies.*) Do the Board at present make no grants for open-air schools, and are they going to make any grants for surgical institutions like Heswall and other places?

(*Sir George Newman.*) They have since 1889 made grants for schools that are called "For children defective and epileptic"; that means mentally defect and physically defect, and during the last five years they have made grants out of that for open-air schools fixed, roughly, at about 4*l.* or 5*l.* per capita per annum.

(*Dr. Niven.*) Of course cases of phthisis would be taken into the general sanatoria—that is, clearly marked phthisis in children.

(*Sir George Newman.*) I am not sure whether they would go to the same sanatoria as the adults.

(*Dr. Niven.*) As women, why not?

(*Mr. Davies.*) But does the Board make a grant towards the capital expenditure or towards maintenance.

(*Sir George Newman.*) Maintenance only.

(*Mr. Davies.*) Do you suggest out of this 1½ millions provision should be made for the open air school as well as the surgical institution like Heswall and another place I could mention.

(*Sir George Newman.*) *Quid* capital?

(*Mr. Davies.*) Yes, as capital.

(*Sir George Newman.*) Then I think the Board of Education grant should take the place of the million in the Insurance Act which is the maintenance minimum. There is the million and a half capital and the million and a half maintenance. I think the Board of Education grants on a slightly increasing grade from the Treasury should meet maintenance. There would only be a third or a half of the maintenance expenses.

(*Dr. Niven.*) Maintenance could be added on to sanatoria.

(*Sir George Newman.*) Clearly; but that would be capital.

(*Dr. Mearns Fraser.*) Do not you think the surgical cases could be dealt with by the general hospitals now?

(*Sir George Newman.*) No, I should say not out of 60,000 children, taking the lowest possible figure.

(*Dr. Mearns Fraser.*) One per cent. of six millions.

(*Sir George Newman.*) Yes. Very few of those children are being met at these hospitals. The children in the hospitals are not counted inside these figures, as I pointed out just now.

(*Dr. Meredith Richards.*) Still, you do not suggest any considerable proportion whatever of that 60,000 want institutional treatment?

(*Sir George Newman.*) Residential institutional treatment, certainly not.

(*Dr. Meredith Richards.*) It is a matter of open-air school and clinic.

(*Sir George Newman.*) The vast majority of them. I understood Dr. Mearns Fraser was using the term surgical in the same way as I was using it before, that is non-pulmonary.

(*Dr. Mearns Fraser.*) No, I was rather restricting it to surgical cases—the joints—those that at the present time do surgical treatment. You do not wish for any additional provision to be provided for tuberculosis children?

(*Sir George Newman.*) Yes.

(*Dr. Mearns Fraser.*) You do wish it?

(*Sir George Newman.*) Yes; I should say the hospitals are nothing like meeting the surgical needs.

(*Dr. Mearns Fraser.*) You probably know better than I do; but I should have thought they were.

(*Dr. Addison.*) As we have agreed the general lines, I should suggest in order to get forward on this question we should understand that a certain proportion of the grant in general, not exceeding a

certain proportion perhaps, will be a better way of putting it, will be recommended for allotment for the provision of treatment for school children.

(*Dr. Leslie Mackenzie.*) Do you mean an insurance grant.

(*Dr. Addison.*) Yes, capital expenditure. We had better make it very elastic. It means either the seaside or tents in a field, or, at all events something for the treatment of children.

(*Dr. Leslie Mackenzie.*) Independently of this grant Sir George Newman has been speaking on?

(*Dr. Addison.*) It is the capital grant of $1\frac{1}{2}$ millions.

(*Dr. Newsholme.*) Why not children generally instead of school children?

(*Dr. Addison.*) I think that is better.

(*Dr. Newsholme.*) There are many children at schools which are not elementary schools. They might not come in possibly otherwise.

(*Dr. Addison.*) I should say not exceeding one-tenth of the 150,000. I arrive at that figure because Sir George Newman gave us 2,300 children.

(*Dr. Leslie Mackenzie.*) One-tenth of that would come to Scotland?

(*Dr. Addison.*) Yes. It is suggested 10 institutions.

(*Dr. Niven.*) I think we should leave it to the education authority.

(*Dr. Maguire.*) Suppose we have no education authority?

(*Dr. Niven.*) The education authority will certainly apply.

(*Dr. Addison.*) If you think Ireland ought to have more, I am willing enough.

(*Mr. Stafford.*) There is a certain elasticity about that, because we might spend less money on that.

(*The Secretary.*) As Mr. Stafford suggests, there will be other provision already existing for children.

(*Mr. Stafford.*) I do not mind so long as we are not absolutely bound to that.

(*Dr. Addison.*) I think that was the general understanding.

(*Dr. McVail.*) The whole of the conditions of childhood are so much a field for voluntary benevolence, that it should be clear that all we are doing is not intended to affect the stream of benevolence with regard to them in every direction; because all that is available for us to spend is a mere fraction of what is being already spent in all directions. We have Homes for Fresh Air, Fortnightly Institutions, and so forth, and we may establish out of this money in Scotland one or two institutions for the treatment of children who are not being taken up by these. But we must be careful to make it clear that we do not want to tie up more of the charity than we are able to expend from the official funds.

(*Sir George Newman.*) I agree very strongly.

(*Dr. McVail.*) We are entering a dangerous field here on a basis of voluntary charity in respect to children, and we do not want to make the public think their pockets are to be closed.

(*Dr. Addison.*) I am sure we would agree with you, and I can see the Chairman has on his paper coming on "Voluntary Associations." But a good many children need general provision.

(*Dr. McVail.*) Yes; instead of the fresh air for a fortnight which the associations give them, one would want to see them out about three or six months.

(*Dr. Addison.*) Exactly.

(*Dr. Leslie Mackenzie.*) Did I understand that Sir George Newman, Dr. Addison, and myself are to draw up a statement?

(*Chairman.*) I was going to ask you if you would draw up a draft statement before the next meeting. Dr. Niven was invited to draw up a resolution covering a certain point. He has done it, and I think this would be a suitable moment for him to put it before you.

(*Dr. Niven.*) The words I have used are: "The provision and continuance of sanatorium benefit should in part depend on the carrying out of proper personal precautions and other sanitary requirements, and also so far as practicable consistently with their means of maintenance in the family of a reasonable standard as regards additional clothing." That is to say briefly I would

use the sanatorium benefit to compel better conditions in the household; that is what it comes to.

(*Chairman.*) I think it is just a little late to start anything fresh. Might I suggest that that should be circulated before our next meeting? It is very important to have the exact wording. I think Mr. Willis could arrange that. There are various bits of information which have to be circulated.

With regard to the next meeting, I think it would be advisable to have a small committee to draw up a memorandum in connection with sanatorium. We have had a most interesting discussion, which I think has led us very far forward with our work, and this memorandum should be circulated before we next meet if possible to the members of the Committee. I should suggest that Dr. Jane Walker, Dr. Philip, Dr. Latham, Dr. Paterson, and Dr. Bardswell should meet together, and I should be pleased to meet them and try to prepare this. I think also it would be for the convenience and for the progress of our work at the next meeting if Dr. Newsholme, Dr. Smith Whitaker, Sir George Newman, Dr. Addison, Mr. Willis, and myself could meet and discuss what we have referred to as the question of administration; that is to say, the relation between the two health authorities and also the education authority, and that when some measure of agreement is come to, perhaps the report should be sent to Scotland and Ireland for comments as it affects those countries.

(*Mr. Davies.*) And Wales?

(*Chairman.*) Yes. Then I think also perhaps if Dr. Philip and Dr. Latham would draw up a little statement in connection with dispensaries it would be of great assistance to us. Dr. Leslie Mackenzie, Mr. Stafford, and Dr. Newsholme have promised to let us have certain returns before we next meet. I should say as regards Dr. Philip and Dr. Latham that I meant more the dispensaries which have been started in London. Dr. Fraser has given us a printed statement as to the dispensary in Portsmouth. This is more in connection with the dispensaries which we have in London.

(*Dr. Mearns Fraser.*) A corresponding statement. Mine gives the results only.

(*Chairman.*) Yes. Then I think Sir George Newman, Mr. Stafford, and Dr. Leslie Mackenzie have agreed to let us have a statement in connection with children.

(*Sir George Newman.*) Yes. You can see what is the point of the return about the dispensaries. Do you mean the policy of the dispensary or the statistical or clinical results?

(*Dr. Mearns Fraser.*) I understood that the report was to correspond with mine. The Committee have a printed report of mine, but there is no printed report before the Committee on the others, and one would wish it to correspond with mine.

(*Chairman.*) The idea was that Dr. Philip and Dr. Latham should let us have a report on the conception of these dispensaries. There are four or five of them exist in London.

Then I hope the shorthand notes will be circulated before the next meeting, and the Committee will be able to read through them and consider them. I also hope at the next meeting we shall be able to deal with Resolutions 13 and 14. There are also certain persons who are desirous of putting certain facts before the members of this Committee, and there are other persons who may have facts we should like to have. I think the best thing we can do is for Mr. Willis and I to send to such persons as we may think advisable an invitation to submit a memorandum to us, and perhaps invite them later on to come here and meet us.

(*Dr. Leslie Mackenzie.*) Will that include what was suggested earlier in the day by Dr. Smith Whitaker when he asked for a statement of the powers of the three different countries?

(*Chairman.*) That is what I refer to.

Adjourned.

TUBERCULOSIS COMMITTEE,

FOURTH DAY.

Monday, 1st April 1912.

PRESENT:

MR. WALDORF ASTOR, M.P. (*Chairman*),
presiding.

MR. CHRISTOPHER ADDISON, M.P., M.D.

MR. A. MEARNES FRASER, M.D.

MR. A. LATHAM, M.D.

MR. W. LESLIE MACKENZIE, M.D.

MR. J. C. McVAIL, M.D.

MR. W. J. MAGUIRE, M.D.

SIR GEORGE NEWMAN, M.D.

MR. JAMES NIVEN, LL.D., M.B.

MR. MARCUS PATERSON, M.B.

MR. R. W. PHILIP, M.D.

MR. H. MEREDITH RICHARDS, M.D.

MR. T. J. STAFFORD, C.B., F.R.C.S.I.

MISS JANE WALKER, M.D.

MR. J. SMITH WHITAKER, M.R.C.S.

MR. F. J. WILLIS.

MR. ORME B. CLARKE (*Secretary*).

ALSO PRESENT:

DR. THEODORE THOMSON, C.M.G., M.D., of
the Local Government Board.

(*Chairman.*) Gentlemen, I must first thank you for having come here to-day. I know it is largely owing to the Strike, and owing to the fact that many of you have had to travel on Sunday, that the meeting has been made at considerable inconvenience, but I am sure you realise the fact that the Easter holidays are approaching, that some of the members of the Committee have to go to Rome for the International Congress, necessitating a certain amount of haste, and, in addition to that, we have to realise the fact that the Sanatorium benefit under the Insurance Act begins in July, that the Local Government Board is waiting for the issue of this Report before sending out a memorandum or memoranda, and that, therefore, there is a great deal of pressure upon us. Of course, we have to give full consideration, but there is a certain amount of pressure to get ahead with as much rapidity as possible.

You have before you the draft, the basis for an Interim Report. I may say that I came to the conclusion that an Interim Report would be necessary, after several long talks and discussions with various members, heads of the Local Government Board, the heads of the Insurance Commissioners and with the Chancellor of the Exchequer. I realised that it was quite impossible to produce now, or in the course of the next few weeks, the Final Report, and that, therefore, it was essential to have an Interim Report. You realise that the first necessity is to give a lead to the various authorities that will be concerned as to the lines upon which they should work, and that, I think, would be very well done in an Interim Report.

Before taking the Report in general, I am sure that you will be sorry to hear that Dr. Newsholme cannot be with us during the next few days. Unfortunately, he has had what one may describe as a breakdown, following upon a severe attack of influenza. We very much regret his absence; his part in the discussion has been of very great value in assisting the Committee. During his absence, I have invited Dr. Thomson, of the Local Government Board, to come here and assist us by his advice. Mr. David Davies will be absent to-day, and Mr. Arthur Henderson, who has recently been added to the Committee, is also absent, but I hope he will be with us on Wednesday.

Now, Gentlemen, as to the Report itself, I am perfectly certain that you all realise that it was in no sense the Final Report that would go out. Mr. Clarke and I, in drawing it up, found it was much easier to cut out than to put in, and, therefore, we put in a very great deal more than we imagined would be included in the Final Interim Report. As a matter of fact, if you will look on the typed paper which you have before you, the outline of the Interim Report is altered. You

will see that to-day we have a rather different Report for discussion. Practically it comes to this, that the detail of the construction of the Dispensary or Institute is taken out of the main body of the Report, and it is proposed to put it in an appendix to the Interim Report, that the detail of construction of sanatoria, hospitals and that part is taken out of the Interim Report altogether, and it is proposed to put it in the appendix to the Final Report, merely putting in the Interim Report a general summary based upon our discussions as to the position which sanatoria should occupy in the scheme and hospitals. The children similarly will be compressed. The whole object, therefore, of the Interim Report is to give, as I said just now, a lead to local authorities to make them realise that it is the opinion of this Committee that the corner-stone of any scheme must be the Institute or Dispensary, that they can start with that, that all tuberculous persons must go through the Dispensary or Institute; that only a certain proportion will go to Sanatoria, that the Dispensary can be started without a very great loss of time, whereas the Sanatoria to erect must of necessity take much longer. As to the date of the Final Report it is difficult, at the present moment, to say exactly when it is coming, but I am sure we are all agreed that we cannot work at the high pressure that we have been working during the last ten days or a fortnight, but also that we do not want to have any waste of time, and, with the material which we have here, which we shall take up in this Report, which will have to be included in the Final Report, I do not think there need be much delay before the Final Report is reached.

Well, now, to-day I have put down briefly an agenda. You will find the paper before you. We had better begin by discussing the general scheme of the Report as altered and I have adumbrated. Secondly, we had better discuss the name, whether the corner-stone should be called an Institute, a Dispensary, or a Clinic. Thirdly, I think we might discuss the administration for England. We realise that Wales, Scotland and Ireland must have separate sections in our Report. Fourthly, we must discuss finance, the question of finance, and there will be more material put before you in the course of an hour or so. After that I think we might take the Report by sections, after that any special points that any members of the Committee think have been omitted from this Report, which has principally struck them in the memoranda which has been sent to us.

Now, as to the final paragraph on the agenda proper, I would suggest that members of the Committee should send in drafting amendments to Mr. Clarke, and also specific points which they wish to raise, so that he can tabulate these later, and we can arrange upon which particular section they should be raised. Drafting amendments, I am sure you will all agree, cannot really be dealt with by a Committee like this, it is purely a verbal alteration, and I will be very glad of any suggestions which you have, but if we are to get through this before Easter it will be impossible to discuss the actual verbal arrangement.

(*Mr. Willis.*) Do I understand that you propose to make a Report before Easter, get it signed before Easter?

(*Chairman.*) No, no, this series of meetings will finish before Easter and I am hoping that perhaps we might get the Report during the next day or two, the general scheme of the Report agreed to by the Committee. This has not been done by the Government printers, they have not had it at all. Then, it would have to be re-written, taking in such alterations as we agree to, it would have to go to the Government printers, and I am hoping that it really would not be necessary to have another meeting of the Committee. I would send out proofs to members of the Committee, but I hope we shall really agree on the outline.

(*Mr. Willis.*) All debateable points will now be debated.

(*Chairman.*) All debateable points will now be debated, and I hope we shall now be able to agree to them, and that after that any alterations would really be more verbal alterations than anything else.

(*Dr. Smith Whitaker.*) These new typed sections, sir, I suppose we shall receive; the various parts.

(*The Secretary.*) Yes.

(*Chairman.*) The typed sections IXa. and LIIa. apparently have got lost in transit; I have got my copy here; I do not know what has happened to the others, but we shall have them typed again as soon as possible.

(*Mr. Willis.*) Of course, we have not even yet, Mr. Chairman, received anything like all the memoranda which has been asked for. This morning a memorandum has come in from the British Medical Association, which certainly has a very material bearing on this Interim Report. I mean it only has a bearing on the Interim Report. It deals with the position of the general practitioner in relation to the scheme, which is a thing we shall now deal with if it is laid down on lines.

(*Sir George Newman.*) Is it short enough to print and issue to-day?

(*Mr. Willis.*) It is not in my hands; it has come in this morning. Mr. Clarke says it has only just come in.

(*Sir George Newman.*) Is it short enough to print?

(*Mr. Willis.*) It is not very long; I only mention that as one example. I think, perhaps, there are other memoranda which we have asked for.

(*Chairman.*) Of course, as far as I am concerned, I do not want to press the issue of this Report, it was really only to meet your Department to a very large extent that there is any hurry.

(*Mr. Willis.*) The position is, I quite admit, very difficult indeed, very difficult.

(*Chairman.*) I quite realise that we may have to come to the conclusion that we cannot settle all details now.

(*Mr. Willis.*) I really wanted this Committee to avoid appearing to all those people who have done the work that they have made the Report before the memoranda are in. We should look rather ridiculous if we do that.

(*Chairman.*) Well, Gentlemen, I think we might take the first point on the paper, and discuss the general scheme of the Report, as altered. I regret to say that the alterations are not with you. Briefly you have the outline of the Interim Report as altered. Sections I. to VIII. stand. If you would follow me on the typed papers—you have the typed papers in front of you, headed "Outline of Interim Report as altered."

(*Mr. Willis.*) Points I. to VIII. as printed, stand?

(*Chairman.*) Yes. Do not stand for the Final, but stand for discussion to-day.

(*Mr. Willis.*) I know what you mean.

(*Chairman.*) IX. to XIII. stand. There is a new typed section which we call IXa. which follows IX. The new typed section refers to the fact that the heads of the great central bodies in London, the several Government Departments concerned, have agreed to the principle of union, what we may describe as a joint committee for settling points.

(*Mr. Willis.*) Are they agreed on that?

(*Chairman.*) I think they have agreed to the general principle.

(*Mr. Willis.*) I mean any more. Of course, all Government Departments have always agreed to consult with one another. If the Home Office are concerned with the Board of Trade in a matter affecting both Departments they do, and always have, consulted with one another. It is no new thing, and to suggest in a paragraph—I have not seen the paragraph—that as a result of this Committee three or four Government Departments in London have agreed to do that which they have always done, well, I think is open to objection.

(*Dr. Smith Whitaker.*) From what I know of the matter Mr. Willis is probably under a misapprehension. It is not as a result of this Committee that there has been any agreement, but I understand that certain discussions have taken place between the Permanent Secretary of the Local Government Board and the Chairman of the Insurance Commission, and that they have come to some kind of understanding which will be reported for the information of this Committee, and it is only proposed that it should go in the Report, not as a recommendation of this Committee, but as a fact reported to this Committee of which this Committee will take note when the Report is ready.

(*Chairman.*) May I just read one sentence, which I think will make it quite clear. We understand, you see, not that we have brought it about, that this co-operation of the various authorities concerned in different parts of the Tuberculosis scheme is already secured so far as the great central bodies in London, the several Government Departments are concerned, but this typed paper, which has gone astray, will be before the Committee.

(*Mr. Willis.*) You do not propose to discuss and finally settle that to-day; it will come up again?

(*Chairman.*) When that got through.

(*Dr. Smith Whitaker.*) It is only information received.

(*Mr. Willis.*) Of course, I have not seen what is in that paper.

(*Chairman.*) XIV. stands, taking the paper again. XV. to XXII. the Insurance Act stands. 5, the basis of scheme recommended stands. 6, Meaning of Sanatorium Treatment. XXIV. to XXX. 7, Classification of Patients, XXXI. to XXXIX. stands.

(*Mr. Willis.*) Does that stand, Classification of Patients.

(*Chairman.*) Yes, that stands. 8, Tuberculosis Institute. We propose to omit XLVIII. to L. from the main Report, and to put it in an expanded form into the appendix of this Interim Report.

(*Mr. Stafford.*) XLVIII. to —

(*Chairman.*) That is details of construction of Tuberculosis Institute or Dispensary. 9, LI. and LII. stand. Then 11. Omit LIII. to LXXXI., that is to say, details of construction of sanatoria, with the idea of inserting this as an appendix to the Final Report.

(*Mr. Willis.*) LIII. to LXXXI.

(*Chairman.*) LIII. to LXXXI., and insert what I call the Sanatorium Summary. LIIa., which is four pages of typed paper; that also has gone astray, but will be before us shortly.

(*Mr. Willis.*) Then, may I take it, Mr. Chairman, that these parts which are going into the appendix will come out in the appendix over the signatures of the members of the Committee?

(*Chairman.*) Well, perhaps not necessarily over the signatures, but as, perhaps, the work of a sub-committee or something like that.

(*Mr. Willis.*) I feel this, that if it is coming out as a thing for which the whole Committee are responsible, of course, the whole Committee must go over it; but if it is coming out over the signatures of the persons who are responsible, it stands as their production.

(*Chairman.*) Anyway that is the Final Report.

(*Mr. Willis.*) Oh, quite!

(*Chairman.*) Then, 12, Voluntary Institutions stands, possibly amplified. LXXXI. stands. 13, Children, omit LXXXII. to LXXXVII., and insert a brief summary. LXXXVIII. and LXXXIX. stand. XC. to CI. stand with certain alterations as per typed copy. 15, Wales, Scotland and Ireland, special sections for them. 16, Finance. If you have not been able to follow that it is all down on the paper, I have merely been reading out from the paper which is before all the members of the Committee.

Now, Gentlemen, the first point on the agenda paper is to "Discuss general Scheme of Report as altered," that is to say, to discuss the general scheme on this other paper, under the heading "Outline of Interim Report as Altered." I do not know if there are any questions on that that any member of the Committee would like to raise? Well, we might go through them if you would take the paper, the typed copy, "Outline of Interim Report as Altered." (1) The Preamble, I. to VIII.

(*Dr. Smith Whitaker.*) We are not agreed now as to the substance, but just to the general plan.

(*Chairman.*) No; just to the general plan. (2) Local Authorities concerned.

(*Mr. Willis.*) I think, to make that section on Poor Law complete, you ought to mention the Metropolitan Asylums Board. Still, that is a detail, but in London they are doing a great deal of work.

(*Chairman.*) Yes.

(*Dr. Smith Whitaker.*) We will come to that.

(*Mr. Willis.*) They are not Poor Law.

(*Chairman.*) (3) Private effort.

(*Dr. McVail.*) Excuse me, sir, beginning with number 9: "In addition to the medical practitioner, " the existing bodies engaged in greater or less degree " in the campaign in England and Wales are — " that is, England and Wales.

(*Chairman.*) Well, we knock out Wales; we are taking England; but now I am merely just discussing the scheme, we will take the points presently.

(*Dr. Addison.*) I suppose they would have to bring in Scotland and Ireland. You are to bring that in later, I understand, the administration of the local authorities concerned.

(*Chairman.*) Then, the Insurance Act, that is merely a statement. (5) Basis of the scheme recommended. I think that is probably the best place for it to come in.

(*Dr. Addison.*) We say nothing much in that about the function of the general practitioner, and we do not bring out what I understood was agreed upon in our large Committee before, namely, the question of the provision of a number of beds for the inspection of cases, and a number of beds for the treatment of advanced cases. Personally I had the impression I received at the last meeting, I regarded it as very important—it does not seem to have been brought out in the summary—that the position of the general practitioner is not sufficiently emphasised. The basis of the scheme recommended, I take that to be a synopsis of what we are to be concerned. That synopsis ought to have mentioned those many ingredients, and so on.

(*Dr. Smith Whitaker.*) I think, sir, we are all a little in doubt as to what we are now doing. Are we simply discussing whether we agree to this general order of agreement of printed matter? That is what I understood; or are we to understand in any sense the passing of the contents of any of these paragraphs? We are only agreeing to the general plan of the arrangement of the Report.

(*Chairman.*) That is all.

(*Dr. Addison.*) Quite.

(*Chairman.*) Then, the next point is the meaning of the sanatorium treatment, XXIV. to XXX.

(*Dr. Mearns Fraser.*) Would that be sanatorium benefit or sanatorium treatment?

(*Chairman.*) Treatment. XXV. is a misprint. You see the heading is "Sanatorium Treatment." The word "Benefit" occurs in the first line of XXV.

(*Dr. Niven.*) It is sanatorium benefit, is it not?

(*Chairman.*) No, no, here it is, sanatorium treatment, meaning of sanatorium treatment, to explain what this Committee means by sanatorium treatment as opposed to treatment in a sanatorium.

(*Dr. Niven.*) That is sanatorium benefit.

(*Mr. Willis.*) It may be, but it may also be sanatorium treatment too.

(*Dr. Mearns Fraser.*) You are calling home treatment also sanatorium treatment, are you not? We propose to call home treatment a dispensary treatment, not sanatorium treatment.

(*Chairman.*) It is to explain that you can be treated on hygienic lines, without really being in a building called a sanatorium.

(*Dr. Mearns Fraser.*) Well, I think, sir, that is rather misleading to anybody who gets this Report. I should be inclined to call that paragraph sanatorium benefit.

(*Chairman.*) Yes, sanatorium benefit, you see, is confined really to insured persons.

(*Dr. Mearns Fraser.*) Then, I should call it treatment, sir, and not sanatorium benefit; everybody understands by sanatorium treatment, treatment in a sanatorium.

(*Dr. Latham.*) That is just the point that those who wrote that want to bring out; it is a mistake on the part of the public that sanatorium treatment can only be carried out in a sanatorium. We want to put it plainly in front of the public that sanatorium treatment is treatment for consumption, wherever that treatment may be carried out.

(*Dr. Mearns Fraser.*) Then you do not want sanatoria.

(*Chairman.*) There is a prevailing idea that it is necessary to put everybody in a sanatorium, and this

is to explain to the public that you can get perfectly adequate treatment, suitable for certain cases, not necessarily in a sanatorium.

(*Mr. Willis.*) We are getting on to quite a detail here, but I agree with Dr. Mearns Fraser myself that this question of sanatorium treatment has now got into use, that it is rather an awkward thing to attempt to alter it in this way. I also agree with Dr. Latham, that a great number of people do not need to go to a sanatorium, but that could be seen, in other words, rather than saying you give sanatorium treatment in the home, you give that which is equivalent to sanatorium treatment in the home.

(*Chairman.*) After all, whatever the wording may be, we will discuss that presently. This appears to be the best place in the Report to put in some explanation. Then, next "Classification of Patients." Then, after that the function of the Tuberculosis Institute or Dispensary. That is XL. to XLVII., omitting XLVIII. to L. from this part of the Report, details of construction.

(*Dr. Smith Whitaker.*) On that, sir, I feel I must confess personally some difficulty, if it is proposed to leave all reference to the staff of the Institute out of the main body of the Report. I think rather important questions of principle arise as regards the working of the whole thing.

(*Sir George Newman.*) You mean in LI. It is in LI. already.

(*Dr. Smith Whitaker.*) What I have in my mind is XLIX., sir, the omission of XLIX.

(*Sir George Newman.*) The general principle is stated in LI.

(*Dr. Smith Whitaker.*) Very well, I see it means expanding LI.

(*Sir George Newman.*) Yes.

(*Dr. Smith Whitaker.*) Very well.

(*Dr. Addison.*) I think, in our recommendations, when it comes on later, we ought to say something specifically about the staff of the Institutes, which, of course, is omitted.

(*Chairman.*) Well, it will be amplified in L. We leave in LI. and LII., and in the Appendix of the Interim there are details of construction.

(*Mr. Stafford.*) Later on we suggest that probably a great deal of these details should be omitted altogether, to follow what you have done with LI., but we will follow that.

(*Chairman.*) That is all. Then, 10: Relationship to General Practitioners; 11: you would here have what I call the Sanatorium Summary, LII. (a) omitting details to be put into the Appendix of the Final Report.

(*Mr. Willis.*) Not the Appendix to this Report?

(*Chairman.*) No. 12, Voluntary Institutions.

(*Dr. Addison.*) Had not that better come after General Practitioners? Voluntary Institutions may relate to existing dispensaries, for instance.

(*Chairman.*) You see, if it came after General Practitioners, it would not include Sanatoria, whereas having it at the end includes the whole of voluntary institutions, whether dispensary or sanatoria.

(*Dr. Addison.*) Then, 13, Children.

(*Dr. Leslie Mackenzie.*) Is that also in the Appendix to the Final Report?

(*Chairman.*) The details.

(*Dr. Leslie Mackenzie.*) All these Appendices will be in the Final Report?

(*Chairman.*) Excepting the one on the Dispensary, which will go into the Interim. 14, Administration. 15, Special sections dealing with Wales, Scotland and Ireland.

(*Mr. Willis.*) We have not made these, have we?

(*Chairman.*) No, we have got Ireland in.

(*Mr. Willis.*) Yes.

(*Chairman.*) 16, Finance.

(*Dr. Addison.*) Well, I suggest that we add 17, a summary of our recommendations.

(*Chairman.*) Yes, we have it, as matter of fact. As matter of fact, it is in this full Report, only we forgot to put it down on the paper. Well then, Gentlemen, we pass to the second point on the agenda paper, that is to say, what should be the name used for the Dispensary or Institute.

(*Mr. Willis.*) Might I ask, Mr. Chairman, at what stage you propose to go through the Report itself?

(*Chairman.*) I have put it down 5 on the agenda paper.

(*Mr. Willis.*) Under that?

(*Chairman.*) Yes, except so much as comes in under 3.

(*Dr. Niven.*) Would it not be better to take the Report, as altered, and go through it?

(*Chairman.*) Excepting that the question of administration is bound to keep on cropping up. I thought it would be probably just as well to take that first. Well now, Gentlemen, as to the second point, what should be the name? There are three names before the Committee: one is Tuberculosis Dispensary, another is Tuberculosis Clinic, and the third is Tuberculosis Institute. I think probably it is present to all our minds the arguments for and against have been before us, and it is for us to settle now, which, in the opinion of the Committee, is the best name to go out before the public.

(*Dr. Philip.*) When were the arguments before us?

(*Chairman.*) They have been before us, I mean; we have now to settle it; each of us in private has probably been thinking it over.

(*Dr. Philip.*) The point was not raised in general Committee before.

(*Chairman.*) Oh, no, it is to be raised now. Perhaps Dr. Phillip would like to start the discussion?

(*Dr. Philip.*) I should rather hear, sir, what reasons are before the minds of any members of the Committee why the name which has hitherto been in our papers should be changed, because up to this point the name figuring in all our papers has been Tuberculosis Dispensary, and I should be very glad to know what is in the minds of members of the Committee who may have proposed this change.

(*Chairman.*) Well, perhaps I had better just say that the chief argument against the use of the word "Dispensary" appears to be that to a large number of people, insured persons, and others, a dispensary has a definite meaning at the present moment. We have two classes of the community, those in Paddington and those in Edinburgh, who know definitely what is meant by a Tuberculosis Dispensary, but you have as against that a large number of people in England—I fancy in Ireland, Scotland probably too—to whom "Dispensary" means something quite different. To them, if they are told to go to the Tuberculosis Dispensary, they have in their minds an existing dispensary, a provident dispensary, or whatever it may be, where they go for certain other definite purposes, to get medicine, or whatever it may be. And I may say that on this point I questioned Mr. Arthur Henderson, who has recently been added to this Committee. I thought his opinion on this would be of very great value, and I put as fairly as I could the arguments, for and against, before him, and I said, "Now, in your opinion, what is the best name that this Committee can recommend, the name that will create least confusion in the minds of the working classes of this country, in the minds of insured persons and others," and after reflection he wrote to me that he thought it would be inadvisable to use the word "Dispensary." If we used the word "Dispensary," in his opinion, it would merely create a great deal of confusion in the minds of a large number of the working classes in this country, and so we have in this draft Interim Report used the word "Institute" which will not confuse anybody. As I say, the matter is not settled. It is for the Committee now to discuss, and to come to some conclusion, but those, briefly, are the reasons.

(*Mr. Stafford.*) Might I point out, sir, that in Ireland they have already christened these things the dispensaries, in the Act of Parliament itself.

(*Chairman.*) Christened what? the tuberculosis, or the general dispensary?

(*Mr. Stafford.*) The Tuberculosis Dispensary. Therefore, Parliament has already settled it to a great extent by calling these things Tuberculosis Dispensaries. All these dispensaries are dispensaries, and surely if you put the word "Tuberculosis" before them, no person can possibly be deceived as to what their object is. You cannot call them any other form of dispensary if the word "Tuberculosis" is used.

(*Chairman.*) May I just on that say, it will probably be called either the "Dispensary" or the "Institute," I fancy that, in general, it will not be called "Tuberculosis Dispensary" or "Tuberculosis Institute."

(*Dr. Philip.*) Why not?

(*Mr. Stafford.*) It may be christened something quite different by the people. They do not call it Tuberculosis in Ireland, they call it "Tuberculosis," which is much easier; anyway, there it is; it is called "Tuberculosis Dispensary," and how it is to be in any way confounded with any other form of dispensary, I really do not see. I think we ought to stick to a thing which is known all over the whole world. Any number of those dispensaries are known all over the United States; you have them in France and Germany, and in every foreign country they are called "Dispensaries"; they are called "Tuberculosis Dispensaries," and no person, so far as I know, goes to them under any mistake whatever. Although we have any amount of dispensaries all over Ireland, I do not think the people are going the least bit to be deceived by what you call it. Call it "Tuberculosis Dispensary," you have one of them in a county or two of them in a county, and I cannot see, for the life of me, why you should change a known and very well known name.

(*Dr. Mearns Fraser.*) The work in a Tuberculosis Dispensary, sir, is, I think, with most people identified with Dr. Philip's Dispensary.

(*Dr. Philip.*) No, no, it is all over the world; it is not my dispensary.

(*Dr. Mearns Fraser.*) In this country, I think, they are identified with the Dispensary of Edinburgh and the Dispensary of Paddington. I think that has been in the knowledge of most people here that, whenever Tuberculosis Dispensary is mentioned, that is the class of dispensary which is understood. Of course, there is another, the Tuberculin Dispensary. That is quite different to the Edinburgh and that is a Dispensary which I personally am in favour of. But I should be more inclined, perhaps, on the whole, to take the term "Clinic." The term "Clinic," now, is adopted for School Children's Dispensaries practically, and that might get us out of the difficulty. I do not know that I, altogether, like the term "Institute." You get lots of institutes for patent medicines, teeth, and all that sort of thing which does not quite suit. I think "Clinic" is the best term, taking it all the way round. I am not in favour of the Tuberculosis Dispensary, unless full treatment is given with Tuberculin. I do not agree with any other kind of dispensary, because I do not think they have any results to show.

(*Chairman.*) Before we go further, may I say exactly what I understand; you suggest the word "Clinic" rather than any other.

(*Dr. Mearns Fraser.*) Than "Dispensary"; and I do not like the word "Institute."

(*Chairman.*) I think we had better discuss "Clinic," first of all. As far as I am concerned, I have got no views one way or the other. I do not very much mind what it is called, but I should like to hear what the general view of the Committee is upon this point.

(*Dr. Latham.*) It seems to me that, in this first unit of your scheme you are going to have a thing which is bigger than a dispensary, as we know it at the present time. It is going to deal to a much larger extent with the question of administration and with the question of after-care and the question of co-ordination of the various things that are in the scheme as a whole. Co-ordination is going to be much more definitely carried out by a dispensary in the future, than it has been by a dispensary in the past. Well, the word "Dispensary" did not convey to anybody's mind the question of administration or the question of co-ordination, and I think "Institute," if it were called "Institute," might very properly include a dispensary as part of it. It is the greater thing of the two. Dispensary conveys a meaning to my mind, and a meaning to most people's minds, however much they may be associated with existing Tuberculosis Dispensaries, as a place where you dispense. The last thing you do in a Tuberculosis Dispensary is to dispense. I do not think the argument, that it is known all over the world, is one which need move us a great deal, because, comparatively speaking, there are

very few in this country and it is a bad name to start with. I do not think Dr. Philip, or anybody else who invented the term, would use that term now, if it were the first occasion on which it was to be used. You would want something more comprehensive. And as regards Germany, the central thing is called Medical Institute. These dispensaries in America and Canada are things of very recent growth, perhaps three or four years, at the outside. It is not as if the thing had been established for a great number of years.

(*Dr. Smith Whitaker.*) Before I heard Mr. Stafford's remarks I must say that my inclination was in favour of the word "Institute" for just the reasons Dr. Latham has advanced; and the strongest consideration, to my mind, and the practical one is, the fact of Parliament having used the word in an Act applying to one part of the United Kingdom.

(*Sir George Newman.*) Do you think it meant the thing we mean?

(*Dr. Smith Whitaker.*) Well, I am doubtful about that, I am putting against myself the argument against my own view at the start, but I must confess that my view of the position generally was that taken by Dr. Latham that the word "Institute" is the wider word. Both "Dispensary" and "Clinic" are etymologically unsound. I know that we had a discussion on this matter in the English Commission. We quickly had the criticism of both these words, but neither "Dispensary" nor "Clinic" really describes the thing you are discussing. "Institute" is a term that has no question-begging connotations. You can use it in the widest possible sense and attach to it whatever meaning you like. It seems to me that is a very powerful reason for using it when you are beginning a thing like this.

(*Dr. Niven.*) I quite agree, Mr. Chairman, without allowing any particular connotation, without admitting that any particular function is to be attached to the Institute, because I think you must leave room for development on various lines, yet, I quite agree with what Dr. Smith Whitaker has just said.

(*Sir George Newman.*) I think it would be useful if we could have an exact explanation of the use of the term in this Act which Mr. Stafford has quoted. We find it referred to in this paragraph No. CIII.

(*Mr. Stafford.*) We mean by "Dispensary," the dispensary which is in use in Edinburgh, and which is in use in America, and which is in use, as far as I know, over most of the world at the present moment, we mean a clearing house, we mean all the things which you described here as meaning the dispensary. It was the only term at that time which was used for that class of institution, and I do not know that things have altered at all since that Act was passed in 1908. Of course, if you like to christen again, christen it by all means, but I do not know that you are going to do any better by your re-christening.

(*Dr. Meredith Richards.*) I hope the Committee will not use the word "Dispensary." The meaning of "Dispensary" in Wales generally is a place where one gets six-pennyworth of drugs and a penny-worth of advice. Surely we want the opposite. I very much prefer the word, either "Institute" or "Clinic"; I do not care which of the two, as long as we avoid "Dispensary."

(*Dr. Philip.*) I should like to add a word or two regarding this, sir. In the first place, as to criticisms regarding the term "Dispensary" generally. I should agree with these in considerable part. What we are speaking of, however, is not a dispensary, but, as someone has said, it is a Tuberculosis Dispensary. Now, the connotation of Tuberculosis Dispensary is a totally different thing from the connotation of "Dispensary." The term "Tuberculosis Dispensary" is now well understood all over the world. If you turn to your own documents, sir, you have in this Appendix to the Dispensary Report a statement of the Tuberculosis Dispensary in other parts of the world, and you find that in every country this term is used. In the United States, for example, you have no fewer than 342 such Tuberculosis Dispensaries. An attempt was made in the United States, more especially by such a distinguished man as our friend Dr. Hermann Biggs, to introduce the word "Clinic," and it has signally failed. The Institution is known

as a Tuberculosis Dispensary only. The same in Canada. An attempt was made when the Royal Institute was founded, the chief Dispensary in Montreal, to label it the "Royal Institute," but it is, to all intents and purposes, known as one of the Tuberculosis Dispensaries in Canada. Not only that, sir, but in every work of any importance on the subject cognate to Tuberculosis really there is a chapter devoted to the exposition of the Tuberculosis Dispensary. In every official document, not merely the Act of Parliament, but in every official document emanating from the Local Government Board in England and the Local Government Board in Scotland, the term "Tuberculosis Dispensary" is used as the commonly understood term. Further, in the institutions which have been cropping up in this country for the same purpose, almost uniformly the term "Tuberculosis Dispensary" has been used. An exception is cited in connection with certain institutions termed "Tuberculin Dispensaries," but, mark you, even here while the adjectival description was altered, the essential word "Dispensary" was continued. As Mr. Stafford has said, in the Irish Act of Parliament you have it already included. And, lastly, as to the question which has been raised by Dr. Latham *quâ* the true signification of the term, "Tuberculosis Dispensary," whether it included what we are really now proposing to make it include, I have no manner of doubt whatever as to what it includes, having been, if you will allow me to say so, in large part responsible for this particular arm of the organisation. It is defined again and again. The definition is referred to; the purpose of it is referred to in the Report of the Royal Commission of Canada which is in my hands, and it is also similarly referred to in the Local Government Board Memorandum, the Scottish Board, in which the whole work of the "Phthisis" — as it is termed there — Tuberculosis Dispensary is defined, concluding with these words: "the Municipal or District Dispensary ought to be the Central bureau, should keep a register of all sanatoria hospitals, infirmaries, work colonies, convalescent homes, of all institutions or organisations that either within the district or without can be made available for the inhabitants," and that after detailing from A. to I. the complete purposes of the institution as first of all projected by myself. Beyond all this, the same memorandum quotes in full a paper on the erection of Municipal Dispensaries against Tuberculosis, which embodies still more elaborately the views which I have now ventured to submit.

(*Dr. Paterson.*) I would like to associate myself with what Dr. Meredith Richards has said, that the term "Dispensary" is not a good one, because it is associated in a good many people's minds with a pennyworth of medicine and six-pennyworth of advice.

(*Dr. Jane Walker.*) The other way round.

(*Dr. Paterson.*) The other way round, I beg pardon. If you walk down the Old Kent Road, you will see the word "Dispensary" written over every doctor's house, and I think, in London, at any rate, the poor consider the dispensary a cheap place for medical advice, because all over the world they have been using the term, and if we do not consider it a good one, I do not see that we should be influenced by other people. We have, in support of the term "Institute," the Imperial Institute, and I do not think anyone can confound that with anything cheap. And with regard to Mr. Stafford's remark that it was the only term available, I think that rather gives away the reason it was used. I do not say the term "Institute" is ideal, but I think it conveys something much more what we mean than the term "Dispensary," because as Dr. Latham has said it is going to be a much bigger thing than it has been in the past; it is going to treat far more than it has done, and it is gaining apparently from what one can see all round to administer tuberculin much more freely.

(*Dr. Maguire.*) I think one important thing to remember is which term will educate the people most rapidly. The public, especially in Ireland, really know what dispensary means. I question very much if they would as readily go to a place designated a "Tuberculosis Clinic." They want to be educated to what "Clinic" means. Then in regard to "Institute," I still think the same applies — of course, in a mild degree —

to the word "Institute." But "Dispensary" at once educates the people, and they understand exactly what is meant. The word "Tuberculosis" to my mind really explains the thing thoroughly to the public.

(*Dr. McVail.*) I was quite unaware that this question was to come up until I saw the agenda. My own feeling, to begin with, would undoubtedly be that the word "Institute" is a better term than the word "Dispensary." If the word "Institute" had been used to start with I think it would have saved a good deal of trouble. The word "Dispensary" does not seem to me to be a good enough word for such a splendid thing as is being done in Edinburgh and, as we hope, will be done all over the country. The question is, Has the word been sanctified? Has the word been glorified? Has it been brought into such a special technical meaning that we can continue to use it? And looking to the fact that, following the Edinburgh example, it has been adopted all over the world with regard to "Tuberculosis," and with the adjective "Tuberculosis" attached to it, I am inclined to think that we should let the word remain as indicating that while, to begin with, it was not really suitable, it has been made suitable by the work that has been done and which is being done under that term. Then, with regard to the breadth of the work; to the details of the work that have been done under the usual term "Dispensary," as spoken of by Dr. Latham and Dr. Paterson, I do not see myself that we are going to greatly extend the classes of work that are to be done. We may extend the amount of work that is going to be done under the various headings that are overtaken by the dispensaries, but I cannot see that we have opportunity to add much to them. On that account, while the word is not a good word, I think we might almost accept it as being justified by its history in this connection.

(*Dr. Jane Walker.*) I have nothing to add, thank you, sir, except to agree with Dr. Latham and Dr. Paterson. I think "Institute" is a very much better word than either "Dispensary" or "Clinic."

(*Dr. Mearns Fraser.*) After hearing what has been said about the "Dispensary," and "Clinic" and "Institute," I should rather be inclined to withdraw the suggestion I made about "Clinic." I think the word "Institute" strikes me as a better term.

(*Chairman.*) "Institute"?

(*Dr. Mearns Fraser.*) "Institute," yes.

(*Dr. Addison.*) I do not see myself any great necessity for such a discussion at all. I do not think it is of much use. The general public will gradually come to understand what this thing does, what happens there, and they will probably label it something quite different to what we suggest. In any case, whatever name we suggest, it does not in the least follow that the local authorities in the different counties will adopt that name, and I do not think it would be possible for us to suggest any one name which was not open to serious criticism in the different parts of the country. While agreeing with a good deal that has been said as regards Dispensary so far as London is concerned, side by side we have in my own constituency a dispensary of the kind that has been referred to, and not far off a "Tuberculosis Dispensary" in an adjoining parish doing good work, which is looked up to and much appreciated. It depends on what they do, not on what they call it. Then, the term "Institute" is exactly the same. You say you get the Imperial Institute, and when you go to Leicester and other provincial towns you find institutes which anyone knowing anything about medicine would condemn in unmeasured language.

(*Mr. Willis.*) Sandow's Institute?

(*Dr. Addison.*) Sandow's Institute. I do not think it matters twopence what word we use; therefore, I would suggest we get on to something that does matter. So far as I am concerned, I think it is so immaterial what we really call it, and that it will really be decided by the people in the locality in the end, that I do not see any particular reason for departing from the existing term. I do not mind a bit what we call it: "Dispensary" or "Institute." I see no particular reason for inventing a new one.

(*Dr. Smith Whitaker.*) Is it proposed to leave the word blank?

(*Dr. Addison.*) I do not think it matters in the least.

(*Mr. Willis.*) I think I should prefer the word "Institute," but I agree a great deal with what Dr. Addison says; it does matter to anybody; we have to decide what word we shall use.

(*Chairman.*) After all, we want to get a word that will be accepted; we do not want to select one word with the knowledge that some totally different word will be used by the general public. If we agree that the general public is going to call it a Dispensary, there is no particular object in calling it an Institute, but, as I say, as far as I am concerned, I am merely trying to find out what the general opinion of the Committee is. I think it is a question we have got to decide.

(*Mr. Stafford.*) Take the sense of the meeting.

(*Chairman.*) That is what I am trying to do.

(*Mr. Stafford.*) We have all spoken.

(*Dr. Leslie Mackenzie.*) I have no strong opinion one way or the other. I dislike the word "Institute," though I like the idea because it is not an active word; and I dislike the word "Dispensary"; I never did like, though I had something to do with putting the word into that particular document. I adopted it because, like Mr. Stafford, I could not find a better. On the other hand, it is a word that everybody does understand, and in Scotland and in all the principal towns where there are dispensaries, the most ordinary person understands a dispensary just as readily as he understands a hospital; indeed, in many places better, so that on the ground Dr. McVail has said I am inclined to leave the word "Dispensary" as it is. I think on the whole it is really an advertising word; you want a word that is intelligible and simple to everybody and that is known to everybody. The word "Institute," in the sense of a place where people go to get treated, is not quite as well understood. I have no doubt the Calmette Institute in Lille, and the Pasteur Institute in Paris, and the Lister Institute in London, are all places of research or mainly that, and so far as I know, there are none of them places of treatment. But personally, I am a little like Dr. Addison, I never did like the word "Dispensary," but, on the whole, I think it is the word that has caught on most.

(*Sir George Newman.*) I do not think, sir, that I have any experience at all to qualify me to give an authoritative opinion on this point, but it seems to me we ought to have very strong reasons for changing the term, and if it be a fact that this term is used in this sense in an Act of Parliament, which was quite news to me, I doubt if we should be wise to suggest an alteration which would certainly involve our Irish colleagues in a good deal of difficulty and possibly our Scotch colleagues also. I doubt, therefore, if we have, therefore, if we made out a case for a change though I very much dislike the word "Dispensary."

(*Dr. Niven.*) I am afraid I prefer the word "Institute," but I admit the force of these arguments.

(*Chairman.*) It seems to me, on the whole, that a case has really not been made out for a change in the name. I quite realise that opinion is very much divided upon it, but I think, for our own sake, it would be unwise to use a word which will not be accepted by the general public. As Dr. Philip has said, a Tuberculosis Dispensary does mean something definite. In a large number of places it has existed for a large number of years, and as Mr. Stafford has told us, possibly most of us did not know it, it has been used by Parliament, and therefore, it seems to me it would be, on the whole, unwise to change the name; although probably even Dr. Philip would agree that if we were to start afresh and if there were no dispensaries in existence, there had been no Tuberculosis Dispensaries in existence, probably some other word might have been preferable.

(*Dr. Leslie Mackenzie.*) One might say, Mr. Chairman, of course, that we are not bound to use the word "Dispensary" for even this purpose, if we can do without it; we are not tied down to calling the particular organisation a Dispensary. It is only in certain places that the word would really have any relevance at all, because—as we shall be able to satisfy the Committee—in rural places there would be no such place. We agreed at the very beginning in the early days to call it a centre and that centre might be an office; whereas a dispensary always suggests a building

and a place. Well, to that extent we are not bound to use this word "Dispensary" to be applied afresh all-round.

(*Chairman.*) In our Report we have to use some word.

(*Dr. Leslie Mackenzie.*) Yes, I know, but I think you would be wise to take the suggestion you have in two or three parts of the Report and use the word "Centre"; you have the word "Centre" in several places.

(*Chairman.*) We tried to do that, but then you get the confusion between the Local Centre and the Centre in London and the sub-Centre.

(*Dr. Leslie Mackenzie.*) Yes, but still I think a great deal of what you are aiming at is really governed by the word in your own Report.

(*Dr. Niven.*) Why not put "Institute" and "Clinic" in brackets as equivalent terms—Tuberculosis Dispensary and in brackets Institute, Clinic, to indicate that these terms may be used. That would really meet all that was required.

(*Dr. Smith Whitaker.*) I agree, if you call it "Institute" and "Dispensary," but do not let us use "Clinic" please.

(*Dr. McVail.*) But the word "Institute" gets mixed up in the public mind with "Institution"; you are to have institutions of half-a-dozen sorts.

(*Sir George Newman.*) I should like to submit if we use the term "Dispensary" we should be quite frank about it and put down the difficulties of the Committee, explaining precisely that we do not mean the term "Dispensary" to connote what Dr. Latham accurately described as the common and usual connotation of the term, and that we do mean to lay a great deal of emphasis on the question of the dispensary as a clearing house. I would much sooner put into the Report a detailed connotation of the terms we are understanding, say, and using, and an accurate connotation and an enlarged connotation, than I would give alternative terms.

(*Mr. Stafford.*) I agree with that, sir, if we had not put about 20 pages in the Report dealing with what a "Dispensary" is.

(*Mr. Philip.*) Sir George Newman will bear me out when I say we do go on to a very considerable explanation of the connotation immediately. The term has been introduced, and used with that connotation which has gradually got into the language and we go on at once to expand it in our statement.

(*Dr. Leslie Mackenzie.*) Might I say, before you just depart from it, as resulting from that circular where we used the word, there are only two places that we used the word "Dispensary." You could leave it open that the word "Dispensary" is only one form in which the Public Health Department may precipitate itself, as it were, or in which a Clinical Department for treating Tuberculosis may realise itself. If you give equivalents, I think it will satisfy everybody.

(*Chairman.*) We have to put something in our Report; we have to refer to it for several; we cannot refer to it under 3; we cannot refer to it 200 or 300 times as "Dispensary" "Clinic" or "Institute"; we have to put one word and use it.

(*Dr. Leslie Mackenzie.*) If you do as Sir George Newman suggests—give an equivalent set of terms which all mean the same thing.

(*Mr. Willis.*) "Dispensary," "Institute," or "Clinic," herein-after called a "Dispensary."

(*Chairman.*) I think the general consensus of opinion, for the reasons which I have summarised, is that "Dispensary" had better come in unless, as the result of discussion, the Committee agrees to change its mind. Now, point 3.

(*Dr. Niven.*) Mr. Chairman, really the question of administration arises upon Section XXIII. I think the precise functions of the Tuberculosis Institute or Dispensary are dealt with in that section of the Report in which they are fully described, and then, further on, it is stated in the body of the Report that there are to be two units in this administration, viz., the Dispensary or Institute and the Sanatorium. It seems to me that that is, in the first place, fixing too much at the beginning the lines upon which the work is to be done, and in the second place it is leaving out of account the enormous amount of work which has already been done by the

Public Health Department, which I consider to be at least fully as much one of the units, one of the main units, of any work to be done in connection with Tuberculosis as either Institute or Dispensary or Sanatorium, and I do not see how you are to separate the work into either administrative or clinical. The fact is that a great deal of the work which has been done and must be done by the Public Health Department is in itself too largely treatment, and in fact the institute claims to do a good deal of preventive work for its part and no doubt will do so, and it is not possible to draw a line of that kind. And I would refer to the verifying report of the work which has been done in Birmingham to show how completely a Public Health Department can take over the whole of the subject, both administrative and clinical. And in other places also; there is an excellent report of the work done in Sheffield, which also illustrates how a Public Health Department take in the whole of this work, institute and sanatorium and all, and do the whole thing very well. And, in fact, the same thing is essentially what is done in Oxford as shown by the report of Dr. Bardswell, so that it has been amply demonstrated that the whole of the work can be done in that manner. Perhaps I may be allowed just to read my notes upon the scheme; it will be shortest, I think, in opening the discussion. I do not wish to tie myself down, sir, to this as necessarily the scheme to be pursued by no means, but I am taking the ordinary lines upon which I think the thing ought to go.

While agreeing in the main with the details of the scheme submitted to the Committee, which show a wide grasp of the clinical aspects of the question, I find myself obliged to dissent from it as a complete statement of a scheme for combating tuberculosis, even from the sanatorium point of view. The Medical Officer of Health is the statutory centre for notification which can easily be extended to all forms of tuberculosis and which applies to all classes, insured or otherwise.

It is a question whether he is at liberty to comply with the intimation that all notifications are to be sent to the Tuberculosis Institute, at all events as proposed to be constituted and administered, while, on the contrary, all cases of tuberculosis of the lung, and soon, it is to be hoped, all cases of tuberculosis discovered at the institute or elsewhere must be notified to him.

It is his business to send to the homes of tuberculous persons, competent officers, specially trained for the purpose, who can investigate the etiology of the cases, to report on suspicious contacts who will probably be referred to the Tuberculosis Institute or otherwise, as may seem best, with a view to their examination and treatment, to investigate and take action with regard to the sanitation of the home, to decide on the measures of disinfection required, to inquire into the circumstances of the family, to give personal instructions as to the precautions and course of life to be adopted by the patient and his family, and to advise as to the hygiene of food, clothing, cleanliness, fresh air, &c. These measures are of equal importance with those devolving on the Tuberculosis Institute.

But it is also of importance that the Medical Officer of Health should be in clinical touch with cases, otherwise his usefulness to the public and to the scheme will be much reduced.

Moreover, his power to enforce sanitary requirements and to carry on etiological inquiries will be much impaired if he has no voice in advising as to the conferment of sanatorium benefit. It should, I think, be understood and made clear that the conferment of this benefit is subject to fulfilment of the requirements of the Medical Officer of Health.

Further, it appears to me to be necessary that there should be one co-ordinating head of the scheme, and no scheme can be complete which does not recognise the work of the Public Health Office as an integral part of its machinery, and not merely as a co-ordinating adjunct.

The co-ordinating official will, naturally, be the Medical Officer of Health, and not the Medical Officer of the Tuberculosis Institute, who does not possess the requisite machinery, and may not have the necessary training in statistical and preventive methods.

That the Public Health Office can successfully fill the rôle proposed for the Tuberculosis Institute, when

conjoined with existing clinical institutions, is shown by the experience of several of our large towns.

If two rival bodies are set up dealing with the same matter there will almost certainly be friction and hindrance, and there appears to be no sufficient reason why the sanitary committees of the authorities concerned, by whom schemes are to be prepared and submitted, and who already have experience of hospital administration, should not administer these schemes.

To set up a joint board, as advised in the Report, is to split the scheme of prevention and treatment into two parts, one mainly clinical and partly preventive, the other mainly preventive and partly clinical. It might easily happen that there was not co-ordination between the different portions of the scheme to the great detriment of both.

A complete scheme, I think, involves three closely interlaced sections.

1. The notification section, under which the Medical Officer of Health would receive confidential intimations of all forms of tuberculosis.

Visits would be paid to the homes (or to patients not at their homes) as now, and inquiries would be made into—

- A. The health of each member of the family.
- B. The history of the attack notified.
- C. Housing. Sanitary conditions and requirements.
- D. Disinfection and cleansing needed.
- E. The circumstances of the family.
- F. The family history.
- G. The source of infection.

H. The conditions of work, and other matters throwing light on the occurrence of the illness.

Instructions would be given as to the personal precautions requiring to be carried out by the notified case and by other members of the family, both at home and outside.

Arrangements would be made for the collection and examination of expectoration, and, when necessary, of other discharges.

Materials, and instructions in their use for the carrying out of personal precautions, would be supplied. The patient or family would be directed as to the necessity for obtaining medical advice, and guided in the choice of medical assistance, cases being preferably referred to the Tuberculosis Institute, but with due regard to the susceptibilities of medical practitioners.

Nurses in the service would, no doubt, be able to carry out the above duties after careful training, with consequent reduction in the number of officers and official visits.

Whether nurses or other special trained officers, they would, while acting as inquiry officers, report on suspicious cases to the Medical Officer of Health, by whom they would be forthwith referred to the Tuberculosis Institute, except in so far as it might be proper in the first instance to consult the medical attendant of the family.

2. The Tuberculosis Medical Officer would be the officer of the sanitary authority, and should be paid by that authority, as would also be the rest of the staff, whether of the Public Health Office or of the Tuberculosis Institute.

He would, as regards certain administrative arrangements, be subordinate to the Medical Officer of Health, but would have complete autonomy on the clinical side.

For example, with a view to prevent the spread of the disease, the Medical Officer of Health would require to know his conclusions on cases submitted to him for examination, in terms more precise than a bare notification would yield, and the position should be such that this information must be given.

He would also assist the Medical Officer of Health in preparing such statistics as he might require for official statements.

The nurses attached to the service would be at his command to carry out his clinical requirements in the home, and give him information about cases and contacts.

Any useful information about suspicious cases thus obtained, if reported as the result of a clinical visit, would need to be automatically reported forthwith to the Medical Officer of Health, while any similar cases discovered by the Medical Officer of Health, as the

result of his inquiries, would be automatically notified to the Tuberculosis Medical Officer, as far as practicable.

The Tuberculosis Medical Officer would advise the Insurance Committee as to cases suitable for sanatorium benefit, and as to the character of the benefit, from the clinical point of view, while the Medical Officer of Health would give a certificate in each case that he was or was not satisfied as to the conditions of the household generally, and as to whether the sickness benefit, or the sickness and sanatorium benefits, would be likely to be used for the general welfare and protection of the family.

Every case accepted for sanatorium benefit should receive his approval, as well as that of the Tuberculosis Medical Officer, so that he might be in a position to insist on the maintenance of sanitary conditions.

Moreover, the continuance of the sanatorium benefit should depend on the requirements of public health being carried out in the family. In this way the maximum of good would be secured from the benefit.

3. As regards the hospital and sanatorium provision proposed to be made, I have only to add that the latter will probably be found to be far too small, though it may be better to err on the side of less provision than appears to be required. I think that states fairly clearly what my position is. Roughly it is that in building this structure instead of two important constituents there are three, and that the third constituent cannot be left out of account.

(*Sir George Newman.*) I do not know whether it would be convenient if Dr. Niven would be so good as to say what part of this administrative section he considers should be amended in accordance with his views. I gather that his statement now is because some part of this Interim Report does not rightly represent the views which he has, and I think perhaps it would crystallise his dissertation a bit if he were good enough to tell us what part of the Interim Report he would suggest altering in the direction he has proposed.

(*Dr. Niven.*) Of course, this criticism pervades this Report, it applies to it throughout, but it would really come in Section XL. I have, in fact, stated it in these notes that I would define three units.

(*Chairman.*) What would your third unit be?

(*Dr. Niven.*) The first unit would be the Public Health Service, as I have said,

(*Chairman.*) What would the second be?

(*Dr. Niven.*) The second would be the Tuberculosis Dispensary. The third would be the Sanatorium.

(*Chairman.*) But, quite apart from the Public Health Service, would you have them?

(*Dr. Niven.*) Oh, dear no! I think the head of the Public Health Service must always be the co-ordinating head for administrative purposes of the whole lot; I think that is essential.

(*Sir George Newman.*) But is that in the Act; might I ask whether that is in the National Insurance Act?

(*Mr. Willis.*) If what is?

(*Sir George Newman.*) Are we in a position to state the whole of the case in this Interim Report, as separate and distinct from the National Insurance Act?

(*Dr. Niven.*) But is it not in the terms of Reference that you are to consider prevention as well as treatment? You are asked to give a complete scheme. I think if the terms of Reference were read they would be found to require that something of this kind should be set down, that is to say, if you consider that it is so.

(*Sir George Newman.*) I should like to explain at once that personally I am in absolute agreement with everything Dr. Niven has said, I think, as a plan of policy. My difficulty is the difficulty how to weave that into our statement, which is now before us. We are not now discussing general propositions of preventive medicine. As I understand, we are discussing this Interim Report, and I want to see how to get Dr. Niven's idea woven into this Interim Report. I am not rising to criticise or offer any suggestions or remarks upon his general statement; I am merely on a point of practical business. Where does he suggest we could weave in this idea, giving added emphasis to preventive medicine?

(*Dr. Addison.*) What is the suggestion Dr. Niven objected to?

(*Chairman.*) XLI.

(*Dr. Niven.*) It was the Insurance Act I was looking for, Mr. Chairman, section 64.

(*Chairman.*) What section of this Interim Report?

(*Dr. Niven.*) Section XL. Of course, it would come in naturally at section XL. The first unit in the scheme. Moreover, may I point out that this is only laying down the general lines which the administration should take.

(*Sir George Newman.*) Would it not be better on XXIII?

(*Dr. Niven.*) It would come on XXIII.; that is where I originally put it, but as the rest of the Report proceeds to break the thing into units it seemed to me, perhaps, that it might be shadowed forth in XXIII.

(*Sir George Newman.*) Is it really a separate unit, or is it a preventive medicine spirit pervading the dispensary and sanatorium, and the whole scheme which we have before us? Is it that you desire to have a separate unit, or is it that you desire to place the dispensary and the sanatorium upon a public health basis.

(*Dr. Niven.*) It is that they are to be inextricably interlocked with the public health.

(*Sir George Newman.*) Then it will not be a third unit. It will simply mean that in your view—and at present I very largely share it—it would be worked as a preventive medicine service.

(*Dr. Niven.*) Quite, but one unit is the purely preventive work. The second unit, which is clinical work, which will be done. That is why the term "Clinic" does not appear to me so pleasing as it does to some other members of the Committee, and the third would be the sanatorium work. There are the three distinct sections of the work.

(*Sir George Newman.*) The preventive medicine side is now in operation, and has been for a number of years, all over the country. In some degree it has not been satisfactory, very likely, but it is there. We are now in this Report surely suggesting two new units, so to speak, from your point of view.

(*Dr. Niven.*) Precisely, and my suggestion is that they are not new at all, they are not in the least new; you are now suggesting that something should be done which is being done.

(*Mr. Willis.*) Not everywhere?

(*Dr. Niven.*) No, not everywhere.

(*Mr. Willis.*) The Report really contains, does it not, that what you are doing at Manchester, Liverpool, and Birmingham, and places like that, should be the general thing?

(*Sir George Newman.*) That is so.

(*Mr. Willis.*) That is how I read it.

(*Dr. Niven.*) It has been done: the way has been shown.

(*Mr. Willis.*) I do not know who wrote that Report, but I gather that a lot of it, the dispensary part perhaps, and the sanatorium part perhaps, has been written by gentlemen who very largely have to do with dispensaries, and that idea has been running through them all the time. Then, when you get to the administrative part, the draft says the Committee are satisfied that, as a general rule, the scheme should be under the control of the county councils in county boroughs.

(*Dr. Niven.*) Yes, I note that.

(*Mr. Willis.*) That, of course, does not exactly fit in with some of the atmosphere, as it were, of some of the earlier paragraphs which have been written from the other point of view.

(*Dr. Niven.*) Quite; the Report is written to a certain extent from different points of view.

(*Mr. Willis.*) For instance, there is some little suggestion somewhere saying the head of the dispensary should be absolutely free from any other medical control whatever; something like that.

(*Dr. Niven.*) Yes, that is one of the sections.

(*Mr. Willis.*) Well, that I thought was a little awkward to work in with a county borough scheme.

(*Dr. Niven.*) That is section XLIX.

(*Mr. Willis.*) XLIX. is that; yes.

(*Dr. Niven.*) That, of course, could not be the case if the Public Health Department was to administer the scheme; that is incompatible.

(*Chairman.*) Are you not also dealing with sections XC. onward, too?

(*Mr. Stafford.*) That is where we ought to be.

(*Chairman.*) That is surely what we are on now, Dr. Niven, is it not?

(*Dr. Niven.*) Yes, Mr. Chairman, that is quite true.

(*Mr. Stafford.*) If you take page 13—XC., Dr. Niven, could you let us know if there is anything in that that you object to under administration?

(*Dr. Niven.*) That does not meet the point. The Report is unequal; it was dealt with back in the earlier part of the Report, which is to a certain extent corrected by these sections.

(*Mr. Stafford.*) If the line of the whole Report is upon XC. and the following paragraphs, and on the same line as that, would you object to it?

(*Dr. Niven.*) Well, it does seem to me desirable to point out that there is a very large section of work of a preventive character involving the use of extensive services of machinery which will be at the service of the scheme in addition to these elements which are now being provided for. I think that should be clearly stated somewhere. People who have read the Report, without a clear statement to that effect, would be apt to go away with the idea that nothing was being done for the Insurance Committees except what was here set forth, whereas an enormous amount of work must necessarily be done by the Public Health Departments in any case, and all the machinery will be at the disposal of the scheme.

(*Chairman.*) On page 2—X. and onwards; surely that meets your point, does it not?

(*Sir George Newman.*) Second page, paragraph X.?

(*Chairman.*) X. and XI.

(*Sir George Newman.*) In X., XI., XII., and XIII., powers are set out in the Interim Report.

(*Chairman.*) On page 2.

(*Mr. Willis.*) I should like to say that I entirely agree with your view about the position of Public Health authorities. They must remain, whatever this Committee say they are going on, of course.

(*Dr. Niven.*) Yes.

(*Mr. Willis.*) And so far as I read this Report, I did not read it as being antagonistic to that view; not speaking generally. There are, as I said before, here and there some remarks which I did not like, and, when we came to going through the thing paragraph by paragraph, I should certainly have suggested that some of the small touches here and there should be altered; but I did not read this Report as being antagonistic.

(*Dr. Niven.*) Oh, not antagonistic.

(*Mr. Willis.*) To your general views at all.

(*Dr. Niven.*) I do not take it as being antagonistic, but as leaving on one side rather quite out of account in the struggle against tuberculosis, one important part.

(*Mr. Willis.*) Does it not really say that as regards their area there must be this organisation, the preventive organisation and the treatment organisation, and everything. It starts out by saying what is required in every area; then it gets on towards the end to the administration and it says, as a general rule, this organisation for preventive and the treatment kind should be provided by the county boroughs and the county councils, either together or in combination.

(*Dr. Niven.*) The last part is quite right, but you will find that duties are allocated to the Tuberculosis Institute which involve the kind of preventive work which the Medical Officer of Health is now doing.

(*Sir George Newman.*) Which paragraph, Dr. Niven?

(*Dr. Mearns Fraser.*) Paragraph XLVI. is one I think; XLIX. is another.

(*Mr. Willis.*) Yes, that deals with statistics; of course, that must be done by the Medical Officer of Health; it is inevitable.

(*Dr. Leslie Mackenzie.*) I think, as far as I understand Dr. Niven, that what he wishes to suggest is that a good deal of this sketched work in this scheme really includes what is normally and ordinarily done by the Public Health Authority, and it is put upon the Institute, as if the Institute were itself an independent authority.

(*Dr. Niven.*) That is my feeling.

(*Dr. Leslie Mackenzie.*) For instance now, in section XXIII. you have a sentence, "the Committee's intention is that the Tuberculosis Institute should be the common centre or focus of the campaign against

" tuberculosis in each local area and that so far as possible it should be made use of and supported by the Local Authorities." One would infer from that that it was an independent sort of thing for which you cannot find any basis until you come towards the end of the Report. When you come to the end of the Report, you find its real basis is in the local authority itself or in the county council itself. I read that as I could not make out the intention at first. I think I see the meaning of it now, because it is probably an ambiguity in the use of the local authorities. I think that what Dr. Niven feels is that you are giving up practically all the environmental functions of the Public Health Authorities as regards tuberculosis and that they are transferred to this institute and it seems to run as if it were an independent Public Health Authority. I think, if that impression were removed, as it could very easily be by a few slight amendments, the objection would be removed.

(*Dr. Niven.*) Quite. Moreover I cannot admit that that is necessarily the best way to do work of that description. I think there is too great rigidity in the proposals. We cannot be so uniform in our methods as is shadowed forth in the Scheme; we must allow a greater latitude in the framing of Schemes. Sometimes the institute would do the work, sometimes the Public Health Office.

(*Dr. Leslie Mackenzie.*) Would it not be possible to alter the position of the later parts of the Report and to bring it up to the front, that among the duties of the local authority would be the setting up and the establishing of your Tuberculosis Institute or your sanatorium and the like, and work downwards rather than going on as here and ending with the administrative side? I should be inclined to just reverse the process and bring your end paragraphs nearer the beginning, showing it all flows out of the Public Health.

(*Chairman.*) The reason we drafted it like that we had better explain. We had to show the machinery which has to be provided, and then show how it is to be provided.

(*Dr. Smith Whitaker.*) I agree to a considerable extent with Dr. Niven on some of the points, and, as far as it is a mere matter of drafting, one might easily meet them. But I take it, sir, the reason you have allowed this discussion to be taken so early to-day and before we actually begin the textual criticism of the Report, is as far as possible to clear away what may be possible divergences of principle and come to some agreement on them before we begin to discuss the text, because if we come to some agreement, adjustment of the text will be easy, otherwise we shall be raising questions of principle on wording and the question of drafting, and the question of principle will be confused. I perhaps may be permitted to say, with all respect, that with certain of Dr. Niven's criticisms of the draft I must express some sympathy. I cannot help thinking that perhaps when he speaks of the third unit, namely prevention, if he had said a third sub-unit so as to make clear that he really has two points, namely that all units, in the first place, should be under the local authority, and secondly that under the local authority there are three sub-units, preventive, organisation, the examination and inspection of houses and so forth, what we may call the dispensary unit, and the sanatorium unit. I think these are the two points really that in the whole scheme of administration you will have the three sections, preventions, the dispensary and the sanatorium. But Dr. Niven goes beyond that and says that all these must be subordinate units to the Medical Officer of Health.

(*Dr. Niven.*) Should be?

(*Dr. Smith Whitaker.*) Should be, yes, and of course, when he speaks of the Medical Officer of Health as distinct from the local authority, as distinct, say, from the county council or the county borough council, then he comes at once on the department of Wales.

(*Mr. Willis.*) Before you go on, might we not ask whether Dr. Niven does not admit that the county council or the county borough council appointing the Medical Officer of Health, is supreme?

(*Dr. Niven.*) Oh, quite.

(*Mr. Willis.*) You admit that.

(Dr. Niven.) Oh, quite; I am simply using that as the manner in which things are done.

(Mr. Willis.) You regard the Medical Officer of Health as their Chief Medical Officer of Health.

(Dr. Niven.) If they decide to do things in a different way they will alter it. I say simply, that is the normal scheme which is put forward; I do not say it should be rigidly adhered to.

(Mr. Willis.) He is the Chief Permanent Health Officer of the Corporation, the Medical Officer.

(Dr. Niven.) Quite, and I simply use the scheme for that reason; I do not say that it must necessarily be done in that manner.

(Dr. Smith Whitaker.) I appreciate Mr. Willis's kindness in interrupting on this point, but I do not think that really touches the structure of my argument.

(Mr. Willis.) I am sorry.

(Dr. Smith Whitaker.) I think that Dr. Niven does really join issue on the question of the Officer controlling the Tuberculosis Dispensary, and he does believe that the Medical Officer of Health, as Mr. Willis says, as the Chief Medical Officer of the county council or county borough council should have the Tuberculosis Officer, as we may call him, in the relation of a subordinate officer to himself. That is really the question.

(Dr. Niven.) For certain purposes.

(Dr. Smith Whitaker.) Well, I think the man must be either subordinate; you are either subordinate or co-ordinate; I do not see that there cannot be any other alternative, and that I think is the point where we are rather disposed to join issue. Going on with the question of the drafting, sir, I would venture to suggest purely as a drafting matter, that perhaps if the reference to the preventative side of the work were a little fuller it would be helpful. In the second place, if we bring out in the draft the distinction between the Counties and the County Boroughs, I think that would be very important. I think we must realise a great distinction between the County areas where you are looking to the county council as the organising body—and they are not at present Sanitary Authorities in the ordinary sense of the term—whereas the County Borough Councils are both, the County Council can also fulfil the same functions that the Urban District Council or the non-county borough council or the rural district council do in the county area. I think we must recognise that distinction, and I do suggest that should come out in the Report. The structure may have to be different in these two, because you cannot put a County Medical Officer of Health, it seems to me from what little I know of the organisation of public health administration, you cannot treat him as quite on a level with an officer in Dr. Niven's own position. But I do think, sir, that we must also recognise that you have on the one hand certain existing machinery which has not done very much, and on the other hand you have a profound change in the whole scheme. The very *raison d'être* of the creation of this Committee, the passing of the Insurance Act creating new authorities, bringing large new sums into account as regards capital account, sums that can only be expended in consultation with one of the authorities that have been newly created. But as regards the revenue side, still more that the new authority has the control of the expenditure of a large sum of money. Then, sir, we all surely know enough of human nature to know that these authorities, the Insurance Committees, will be profoundly conscious of their own existence, and they are not likely to leave all the exercise of the discretion that pertains to themselves in the hands of the various existing bodies. We must realise that it is not for nothing that this Act has been framed in a certain way, and not in a certain other way. Certain forces were at work in Parliament to cause the control of the sanatorium benefit to be assigned to those new bodies, the Insurance Committees, instead of being assigned to the existing bodies, and it seems to me that we must in our deliberations take that fact into account, and that the same force which caused section 16 of the Act to be framed as it is are continuing in existence, and will affect the administration of the Act, and it does not seem to me that Dr. Niven's suggestions, if I understand them rightly, leave any place in the scheme of things for the Insurance Committees. If Dr. Niven will indicate to us in what way he suggests that the Tuberculosis Officer can be subordinate to the Medical

Officer of Health, and that the control of this can be entirely in the hands of the existing Sanitary Committee of the Manchester Corporation, and yet the Insurance Committee of Manchester can have anything that they would regard as a proper share of a voice in the arrangement, then my difficulties will be removed. Let us go back again on the political question. We are bound to discuss this. Why are these Insurance Committees brought into being, or why is this particular function of the administration of sanatorium benefit assigned to them? Surely because of the strong feeling of the large friendly societies, and organisations of that kind, distinctly representative of the working classes, that this was a working class benefit, that this was a Bill brought in for the benefit of the people whom they represent, that this is, to a great extent, as they would call it their own money, and if it is not money actually provided out of their own pockets, it is money provided for the benefit of that particular class, and not for the general body of the ratepayers, and I am perfectly certain that just as they were strong enough in Parliament to prevent the control of this benefit being put into the hands of the great corporations, the county councils, so they will resist—I am not speaking without the book; I have had opportunities of ascertaining their views—and they will put in the stipulation for it against the whole control, the practical virtual control of the administration of these sanitary benefits being handed over, as far as the insured are concerned, to either the corporations or the county councils. And I do suggest that the practical machinery that this Committee has to consider is this. We begin with our conception that unity of administration is the desirable thing, that you do not want a lot of conflicting authorities. But I suggest that Dr. Niven is not to get rid of his conflicting authorities by such proposals as he has suggested to-day. He still has his Insurance Committee to reckon with, and the question that some of us have been thinking out very painfully since the last set of meetings of this Committee has been, how can you bring about a unity of administration, such as we all think desirable for tuberculosis, that will yet be consistent with giving each of these authorities interested in the matter some reasonable share of voice in the plan of administration. And I must say it has seemed to me we thought of various things. We thought of the possibility which you start with that the Insurance Committee will be advised as to where people shall go, and all that kind of thing, by an officer of their own; that the local authority, you may say, run the whole business of dispensaries and institutes, and so forth; practically you have in the scheme of the Act two sets of bodies, one set who are responsible for the patients, the other set who are responsible for the provision of institutions, and the basis of section 17 and section 64 is a contract between these two as contracting parties. The Insurance Committee, who stand *in loco parentis* to the insured, have to make a bargain with the authority, or it may be with the managers of a voluntary dispensary, or, it may be, with the private owner of a sanatorium; they have to make a bargain with such a person. As to the treatment, well, at all events as regards this Tuberculosis Institute, it appears to us that if the Corporation of Manchester—I am sure Dr. Niven will forgive me for giving this direct concrete application: it is merely that we may have something to fix our minds on—if the Corporation of Manchester provide an institute and they appoint a Tuberculosis Officer who has the status and position of an Assistant Medical Officer of Health, or of an officer under the direction of the Medical Officer of Health, if he is to fulfil the functions of diagnosis and treatment that you want to assign to him, to correspond to his proper place in the general tuberculosis scheme, it appears to us that he is here far and away the most suitable person to act as the technical adviser of the Insurance Committee as regards all their work.

(Dr. Niven.) That is what I have said.

(Dr. Smith Whitaker.) But then, the question is, human nature being what it is and these Insurance Committees having their statutory powers, how are you going to get them to accept him in that position if he is the officer, say, of the corporation, entirely under the

orders of the corporation and of the Medical Officer of Health, as the then Medical Officer of Health of the corporation? I doubt very much whether the Insurance Committee will accept him as their adviser, for example, on the question whether a given patient should go to a sanatorium or go to a dispensary, or should be treated at home. Let us bear in mind that will have an important effect upon their finances according to whether they, acting on the advice of their Medical Officer, send a case to a sanatorium and a dispensary, or is to have him treated at home. That is going to have an important effect upon the total cost to them of the treatment. But also their decision on those points is going to have a considerable effect on the distribution of these Institutions. If their Medical Officer is a man who is strongly in favour of sanatorium treatment it is going to create a great demand for sanatoria, but if he is a man who on the whole leans rather to dispensaries than sanatoria, in cases where the choice is pretty evenly balanced, then it is to create a greater demand for the dispensary. Then the question is, can you get those officers combined in the same individual? You might say he might be as some Medical Officers of Health are, who are also Poor Law Medical Officers, if the two offices might be defined, you can combine them in the same person, but we believe that that would lead to a good deal of friction, and we believe that the simplest way out of the whole difficulty is to create a committee which must be no doubt legally and technically a committee of the corporation of the county borough council or of the county council, but in which they should include under an agreement that the Insurance Committee, what we may call for present purposes, a reasonable proportion, a minority, I think we must agree, but a reasonable proportion of persons chosen, nominated by an Insurance Committee when the Insurance Committee comes into being, and pending the Insurance Committee coming into being, nominated by the societies, which will be the preponderating element on that Committee, that then the Tuberculosis Officer should be responsible to that Committee, and should not be separately, or in any sense, under the orders of the Medical Officer of Health.

Now, Dr. Niven sighs at that proposal, but it seems to me, sir, that the practical relations come to be pretty much the same thing. When you say one co-ordinate head, when you say that the Medical Officer of Health must have a voice in these things, when you say that the Medical Officer of Health must have to do with all these records and so forth, you do not really mean that he personally is going to do all the work himself; we know he cannot; we mean surely, looking at the absolute mechanics of the thing, that two men are going to do different parts of the work and that they are going to co-operate, and the question whether they co-operate properly or not, does not depend as seems to be assumed on one of them being the subordinate of the other; it depends upon each of them receiving proper instructions from the people to whom they are subordinate and carrying out those instructions properly. Why should we assume that if the Tuberculosis Officer is not directly under the orders of the Medical Officer of Health, therefore he will not hand to the Medical Officer of Health all the particulars that the Medical Officer of Health ought to have? The Medical Officer of Health does not get these at first hand anyhow, they come to him through other people.

(*Dr. Niven.*) Or that he may not.

(*Dr. Smith Whitaker.*) I do not think that we may assume that he may not. If you are assuming as I am that the tuberculosis committee under whom this officer acts is going to include in its personnel a majority of direct representatives of the corporation and that the members nominated to places on it as representing insured persons, are to be in a minority, why should you presume that a committee so composed will not give the Tuberculosis Officer the necessary directions to secure that all things that ought to be put into the possession of the Medical Officer of Health will be put in his possession? I think it is not only not right to assume that it will not, but I think we may safely assume that it will. I am sorry to have taken up so much of the time of the Committee, but with your kind permission, sir, I felt one must make clear why, if an attempt were made

at various stages of this Report to alter a word here and a word there in the direction of making the whole scheme directly under the control of the county councils and the county borough councils and their medical officers, and giving the tuberculosis institute or dispensary no kind of what I may call semi-independent existence, we shall have to resist it for the reasons which I have stated.

(*Dr. Niven.*) I should just like to clear up a point in Dr. Smith Whitaker's remarks which I think is rather important. He speaks of appointing committees on which the Insurance Committees will be represented; that they are to be committees of the council; is that right?

(*Dr. Smith Whitaker.*) Yes, I think that is right.

(*Dr. Niven.*) Because that is quite a different proposal from that which is put forward in this scheme to make a joint board to consist partly of members of the council and partly of members of the Insurance Committee. This is not, and cannot be, a committee of the council. If you make a joint board of that description you cannot regard that as in any sense a committee of the council, and in fact, it withdraws all the administrative functions which have been assigned to the body which is going to deal with these matters. If you appoint a committee of that description, what you are now proposing, Dr. Smith Whitaker, is that there is to be a committee of the council with members co-opted from the Insurance Committees; that is what you are proposing; which, of course, is a very different thing.

(*Dr. Smith Whitaker.*) That is the only legal way of doing it.

(*Dr. Niven.*) That is a Joint Board, which is a different thing altogether.

(*Dr. Addison.*) On section XC. VIII. you will find that. I must say that I think we ought to be quite clear in our minds before we get down to these definite recommendations on the general principle which Dr. Niven raises. I am greatly surprised at the elasticity and ubiquity of the Medical Officer of Health. I do not see how anybody can do all this work, because here is this Tuberculosis Medical Officer, let us call him. Now, who finds the money? Well, a great part of it will be found by the Insurance Committee; therefore, it is perfectly certain that whatever we may put on, the Insurance Committee, who finds the money, will insist on having some voice as to how that money is spent, and whatever we may think will be an ideal scheme they will not think that it should be at the fiat of the Medical Officer of Health; they will insist on having some voice in it, and I think with very good reason. They find the money and they find a very large number of the officials. Then I do not think we clearly understand how the suggestions which Dr. Niven seemed to outline, but which I do not think come into this Report, are possible of achievement. For example, take a case; you were speaking on the question of notification, and that the notification should come from the Medical Officer of Health. Well, only those of pulmonary tuberculosis would come necessarily to the Medical Officer of Health.

(*Dr. Niven.*) At present.

(*Dr. Addison.*) At present, of course, all cases of insured persons, even if they had a tuberculous knee, must go to the Insurance Committee, or to their officer whom they may appoint, or through whom they may agree to work, because the Insurance Committee has to decide whether this person with a tuberculous knee is to have insurance payment or not.

(*Dr. Niven.*) Insured persons?

(*Dr. Addison.*) My point is that you must have notification sent to the Insurance Committee, or someone whom they may appoint to receive such notifications, so that it cannot be simply a question of notification to the Medical Officer of Health, because these other people are statutorily compelled to have notification, so there must be some joint arrangement whereby these two series of notifications may be co-ordinated. Dr. Niven suggested that the Medical Officer of Health would send somebody there to see, and report on the case. He said they would be guided in the choice of their medical assistance, as to whether they should take special medical assistance, or be sent to the Tuberculosis Institute by the nurses and the special visitors of the Medical Officer of Health. Really, you could not do that, because who are these

people who are going to advise them? You say these nurses and visitors of the Medical Officer of Health are going to advise these insured persons when they are ill as to the choice of a medical assistant, or whether they are to go to the Tuberculosis Institute. Everybody, I should say, who has got Tuberculosis, must be required to go to the Tuberculosis Institute, at all events if they are insured persons.

(*Dr. Niven.*) They must go to the medical attendant, generally.

(*Dr. Addison.*) Yes, but no doubt if they want to get sanatorium benefit they have to come to the Committee.

(*Dr. Niven.*) That simply means they would be sent direct to the Institute, or to the medical attendant.

(*Dr. Addison.*) It must not be at the choice of the nurses and special visitors of the Medical Officer of Health.

(*Dr. Niven.*) Surely someone must determine which; the person who feels must determine it.

(*Dr. Addison.*) What would actually happen would be, a man will be ill, he will send for a doctor who will say what is the matter with him; if he thinks they are tuberculous, and they are insured persons, it will be reported to the Insurance Committee, whether pulmonary tuberculosis or any other form of tuberculosis.

(*Dr. Niven.*) Reported by whom?

(*Dr. Willis.*) By the doctor in attendance.

(*Dr. Addison.*) Certainly. So my point is that to imagine that the Medical Officer of Health through his visitors and nurses can allot these people as to the kind of medical assistance they are going to call in, or whether they are to go to the Tuberculosis Institute or not, is impracticable of achievement.

(*Dr. Niven.*) I should like to know by what statutory or other power you are to get the medical attendant to notify these cases to the Institute?

(*Dr. Addison.*) The fact that the medical attendant is attending on an insured person and he will have to say that this insured person is sick, because they want to get sick pay—and in stating they are sick, what they are sick from.

(*Dr. Niven.*) You are speaking now not of insured persons, but of children.

(*Dr. Addison.*) Insured persons I was speaking of at that moment.

(*Mr. Willis.*) Insured only.

(*Dr. Niven.*) That is very small.

(*Dr. Addison.*) They can place under the Act the children or the dependents of an insured person in a sanatorium, and I think it quite likely that the Insurance Committee will try to make an arrangement whereby these children or the dependents shall receive sanatorium benefit.

(*Dr. Niven.*) Quite so.

(*Dr. Addison.*) If that is so, they must have notification direct to them.

(*Dr. Niven.*) Surely it is as easy and as necessary to notify all these forms of disease to the Officer of Health.

(*Dr. Addison.*) I do not object to the Medical Officer of Health having the information; I want him to have the information. What I say is, we cannot allow him to be in a position to decide how that information is to be used; he is not to decide the kind of treatment.

(*Dr. Smith Whitaker.*) From the point of view of the Insurance Act.

(*Dr. Addison.*) From the point of view of insured persons and their dependents, this question must be decided by the Insurance Committee who recommend them for a certain type of benefit. It cannot be left to the Medical Officer of Health.

(*Dr. Niven.*) Ultimately, undoubtedly that will be so.

(*Dr. Smith Whitaker.*) It is no use our setting up that the treatment for this work must be done by the Medical Officer of Health; it must be done by the man who is responsible for the Tuberculosis Institute.

(*Dr. Niven.*) But he does not set out with that impression at all. The officer goes to investigate these cases, he discovers certain people who are ill, he has to form a judgment as well as he can as to what the Medical Officer on his report says as to what is the best course to pursue. Probably they would be sent to the Tuberculosis Institute for the most part.

(*Dr. Addison.*) That is my point. I think that the functions of the Medical Officer of Health in respect of a person with tuberculosis are, so to say, passed over to the Officer of the Tuberculosis Institute, but his decision does not come into the case at all with respect to a large section of the population. The Insurance Committee will not be guided by his decision; they want their own man's decision.

(*Dr. Niven.*) And ultimately he gives the decision, but the Medical Officer of Health is the first person that acts under a notification.

(*Dr. Addison.*) And you also said that the Tuberculosis Medical Officer was to report to the Medical Officer of Health as to his decision. Yes, but can the Medical Officer of Health upset his decision?

(*Dr. Leslie Mackenzie.*) Would you kindly take the third point. You have already taken the insured persons, the dependents of insured persons; tell us about the third point, because it will complete it, what you will do with the non-insured; could you complete that just now?

(*Dr. Addison.*) I am going to do that.

(*Dr. Niven.*) We are misunderstanding each other altogether as to what the words mean. What I say is that if cases are referred to the Medical Officer of Health he must inform him of his decision as to the clinical nature of the case, so that the Medical Officer of Health may know what preventive measures are necessary to be taken.

(*Dr. Addison.*) That is entirely another matter. As you put the case the Tuberculosis Medical Officer had to inform the Medical Officer of Health as to his decision respecting a particular case. Will you take it that that might follow from that, that the Medical Officer of Health might upset his decision; he might not act upon it.

(*Dr. Niven.*) Not at all for purely preventive purposes. I say he should enjoy complete autonomy on the clinical side.

(*Dr. Addison.*) The point I am endeavouring to make is that the Tuberculosis Medical Officer must be supreme in matters of tuberculosis. It is no function of his to interfere with sanitary administration or with the disinfection of the houses, stripping the paper off the walls, and that kind of thing, but he must be supreme on questions of tuberculosis, because there is another body set up which will require him to be supreme whatever we recommend. Now we come to the other class of persons. Now I come to the reason why he must inevitably be under the county authority as far as possible, because we want this scheme to apply to all persons with tuberculosis. A large number will be neither insured persons nor their dependents; therefore we say it should rightly be under the county council or the county borough council, whichever it is. I heartily agree in upholding the Medical Officer of Health in all his proper functions.

(*Dr. Leslie Mackenzie.*) Would you let me put a concrete case; that assuming a non-insured tuberculous person, that the Tuberculous Officer decides is not to have, or would advise the Insurance Committee to decide he is not to have, sanatorium benefit, how is he to be handled after that?

(*Dr. Addison.*) Is he an insured person?

(*Dr. Leslie Mackenzie.*) An insured person, yes; that is not to have sanatorium benefit.

(*Dr. Addison.*) But you say he gets benefit?

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Addison.*) Nobody can decide if this Medical Officer of Health of the tuberculosis institute does not recommend him for sanatorium benefit, then if he is ill he will receive medical benefit.

(*Dr. Leslie Mackenzie.*) But my point is administrative. If the tuberculosis institute or officer, that is to say, it is the same thing, does not recommend him for any of the forms of tuberculosis benefit, which means any of the forms of tuberculosis treatment either in the sanatorium or hospital or at home, and suppose on other grounds which may very well happen the Medical Officer of Health has reason to think that there is not adequate treatment and that the man ought to be treated differently, who is to decide?

(*Dr. Addison.*) I would answer that question. The man, I take it, has a medical attendant. This man comes:

up to the Tuberculosis Medical Officer who says he is not suitable for sanatorium benefit for some reason; how is the Medical Officer of Health to decide? He must go and thump his chest or something, that is to say, this particular individual has a medical attendant. This medical attendant will be paid under the medical benefit if the man is ill, but the Medical Officer of Health cannot decide.

(*Dr. Leslie Mackenzie.*) But on the clinical side. I have nothing to say. My point is it may be necessary to remove that man from his house, for example.

(*Dr. Addison.*) Oh, yes.

(*Dr. Leslie Mackenzie.*) Who is to act then?

(*Dr. Addison.*) Certainly, anything to do with the sanitation, the sanitary requirements of the case will, of course, be decided by the Medical Officer of Health because he is the officer of the sanitary authority.

(*Dr. Niven.*) So that ultimately he comes into it wherever there is a case rejected.

(*Dr. Addison.*) I think he always must come in, therefore the notifications must be common to him with the fullest possible cases.

(*Dr. Niven.*) I am not arguing against you.

(*Dr. Addison.*) No, but he certainly would have, because the institute or whatever you call it would be under the county council or county borough council, and I have no doubt that they would make it a condition that all the information they receive would be available for the use of their officers; obviously they would; it would be the only sensible thing to do.

(*Dr. Niven.*) So far the insured; now the uninsured; what is to be the relation of the two officers to the uninsured?

(*Dr. Addison.*) The uninsured would be this, that the Tuberculosis Medical Officer, *quâ* Tuberculosis, would be the final court of decision if a person had tuberculosis, as to what was to be done with him, because he is appointed for that set purpose by the authority who has a majority on the committee that controls the Institute.

(*Dr. Niven.*) You mean, take removal from his house, for example, compulsory removal, would he carry that through?

(*Dr. Addison.*) He would be supreme in matters of treatment; he would recommend him for treatment, either to go to a home, or inspection bed, or sanatorium, or treatment in his back garden or what not; he would recommend him for treatment. Anything to do with sanitary arrangements would be carried out, of course, by the proper department of the authority under the Medical Officer of Health, he simply is the clinician.

(*Dr. Niven.*) Quite so; you are confining him to that?

(*Dr. Addison.*) Can they confine him to that, and the county council or the county borough council are satisfied with his decision on that point, because they have appointed him for that purpose.

(*Dr. Niven.*) You cannot chop the thing up like that.

(*Mr. Willis.*) He is the servant of the county council or the county borough council.

(*Dr. Addison.*) Of course, and it must be a committee of the county council, otherwise it is neither one thing nor the other. If it is an *ad hoc* committee it must be a committee of some body, therefore a committee of the county council, but for the purpose of practical working they will have these insurance representatives on it, and they will consent to be guided by the recommendations of this committee, *quâ* tuberculosis, which is all we propose, so that I must say that I really think that in the first place the Medical Officer of Health could not do this work.

(*Dr. Leslie Mackenzie.*) Excuse me interrupting you once more; assume, as a possible case, this Committee decides in a given instance, and that it is determined by this Committee, suppose it is entirely contrary to what the local authority as a whole—take the council of Manchester—would do; are they to have any functions superseding this Committee, or how is the case to be disposed of? What I look to ultimately is, who is to be responsible for the cases that are rejected by your Tuberculosis Officer, and your Joint Committee?

(*Dr. Addison.*) What happens to them depends on who they are. If they are insured persons, so far as

their treatment is concerned, the Insurance Committee are responsible for their treatment. If they are not recommended for sanatorium benefit the Insurance Committee has to give them proper medical benefit. It is their business to do it; they are compelled to do it; by statute the man has a right to receive it. If they are not insured persons, and the Insurance Committee has nothing to do with them, they will be in the hands of the medical attendant, and if the local authority, for reasons of sanitation, requires to step in, they will step in.

(*Dr. Latham.*) May I ask for information? Is it contemplated that in cases of tuberculosis trouble they are going to be refused treatment at an institution?

(*Dr. Addison.*) That is entirely a bogey.

(*Dr. Latham.*) What is the class of case that you refer to as being likely to be refused treatment, although suffering from tuberculosis?

(*Dr. Leslie Mackenzie.*) The Insurance Committee has a right to refuse any case, but assume that they do not necessarily refuse, they may refuse the particular type of treatment, and send a case to be treated at home that the Medical Officer of Health would regard as entirely unsuited on account of the condition of the home. That is the kind of case I want to get at, and that will be a very large proportion of cases. Without absolute refusal, they have a right to do that, but we are not to suppose that they will ever actually refuse it, but they might allocate to home treatment what was entirely unsuited to home treatment.

(*Dr. Addison.*) That is exactly my point. You are thinking of an advanced case. For some reason or another the Medical Officer of the Tuberculosis Dispensary says it can be treated at home and the Medical Officer of Health wants it isolated. That is your point. I say those are questions which are dealt with in the very constitution of this Committee. This Committee has a majority of the county authority on it, and they will decide those questions, and if there is an unreasonable decision as they think given by the Officer of the Tuberculosis Institute, or whatever it is, I have no doubt they will make representations accordingly, and there will be a number of advanced cases provided for in the locality, and it will be got over in that way. But the fact that there are these two ingredients in this Committee is the expressed direction of our recognition of that problem. We put them there for the purpose of deciding these questions.

(*Dr. Niven.*) I should like again just to point out that in putting forward a scheme which is going to be effective in the restriction of tuberculosis, if the Medical Officer of Health is to have no voice in the conferment of sanatorium benefit you are striking out of his hands the biggest weapon that he possesses to enable him to get the preventive work done. You really must take that seriously into account.

(*Chairman.*) Surely he has. I understand the scheme is going to advise the majority of the Committee who run the dispensary.

(*Dr. Niven.*) The Tuberculosis Medical Officer is going to advise them.

(*Chairman.*) The Tuberculosis Medical Officer is appointed by the Joint Committee on which is a majority of the existing local authority who are advised by the Medical Officer of Health.

(*Dr. Niven.*) They should be, or they may not be. Committees are apt to go off in antagonism to each other. Governing bodies generally do not all hold together, and it might very well be that the thing would split up into two complete sections. It is a pretty big thing, and I can perfectly understand that it would be possible in some places. One has heard of such things occurring in other matters. It is quite possible that a good deal of friction might arise unless there was some co-ordination of the functions.

(*Dr. Smith Whitaker.*) May I point out I was noticing very carefully when Dr. Leslie Mackenzie and Dr. Niven were raising their points just now that they are really for our proposal. Dr. Niven says that the thing will break down unless the Medical Officer of Health, as representing the sanitary authority, has a voice in deciding who is to have sanatorium benefits. Dr. Leslie Mackenzie says it is going to be a very serious matter if the Insurance Committee refuse sanatorium benefit to an advanced case of phthisis, or

say that they will only pay for the case if it is treated at home. But how can you help it? The way to avoid these deadlocks is by this very pooling of responsibilities which we are proposing. If you have the Insurance Committee as an independent committee deciding these things for themselves, the sanitary authority have no voice in the matter. The fundamental question is the fundamental question in this country, Who pays? The person who pays is going to decide. It rests with the Insurance Committee in that clause, to which Dr. Leslie Mackenzie has called our attention, to say, if they like, if this man is treated at home we will pay for his treatment out of the sanatorium benefit funds, but if he is not treated at home we will not pay for his treatment out of the sanatorium benefit funds; the very thing that Dr. Niven and Dr. Leslie Mackenzie are afraid of. If the Insurance Committee has its own independent medical officer, who bears no relation to the sanitary authority at all, then you will have these deadlocks between their medical officer, who is one man, and the medical officer of the local authority, who is another man. But if, on the other hand, you can get the parties to agree to this compromise, that instead of each going their own way independently they shall agree to pool their responsibilities in this Tuberculosis Committee, with its own officer who is not more the officer of one than of another, they may all be willing to agree to regard him as their officer from their own point of view, if they know that he is not essentially somebody else's officer, but they will not agree to it if they know that he is somebody else's officer.

(*Dr. Leslie Mackenzie.*) Who will ultimately pay the salary?

(*Dr. Smith Whitaker.*) I think a large part of the salary will have to come out of the sanatorium benefit. I take it the basis of the whole arrangement will be that the Insurance Committee and the county council or the county borough council will come to a bargain. They will draw up possibly a legal contract to the effect that in consideration of the Insurance Committee being permitted to nominate a certain number of members of the Tuberculosis Committee and in consideration of the officer of the Committee being given the complete control over certain things subject only to that committee, that they will subscribe, as they have power to do, a considerable proportion of the annual cost of the maintenance of the tuberculosis dispensary and that the patients will be referred there for treatment. Then the tuberculosis dispensary will derive a considerable part of its revenue, or a certain part of its revenue, from this body, from the Insurance Committee, and the *quid pro quo* that the Insurance Committee get for that payment consists of two parts, first the actual cost of treatment of those insured persons who are treated there, and secondly the expert services of the officers in advising the Committee and diagnosing cases on their behalf. But if you do not agree to this, then it seems to me you bring about at once the very deadlock that you were speaking about. After all, it rests with the Insurance Committee to say whether they will pay for a man's treatment elsewhere than at home, and may I ask Dr. Leslie Mackenzie how he proposes to deal, assuming that this system does not come off, assuming that the Insurance Committee have their own medical officer, and an insured person falls ill and it is reported on the one hand to the Medical Officer of Health, no doubt as a case of tuberculosis by the practitioner in attendance, and on the other hand it is reported by that same practitioner as a man attending an insured person under an agreement previously made with the Insurance Committee? There will have to be such agreements reported to the Committee that a person for whose care they are responsible is suffering from pulmonary tuberculosis. Then they have to decide what to do with them, and we are assuming that they have their own medical officer who has no part scot or lot with the local authority at all, an independent officer, and he goes and examines the case and says, "In my judgment this case ought to be treated at home." You may say that the assumption is absurd, but it is your own assumption. He says the case is to be treated at home, the Medical Officer of Health says, "In the interests of the public health I object to this. This man ought to go some-

where else." The Insurance Committee say that, "Having the advice of our own medical officer, we, in the interests of this man decide he will be best treated at home, and we are not to find the money for his being treated elsewhere. If you want him to be sent up to a sanatorium and you are prepared to bear the cost" (they say this to the local authority) "of his treatment there and he is content to go, we will raise no objection; but the money we are going to find is the money that our officer advises is sufficient as far as this man's interests are concerned." But see how different the position is if you agree to have the one officer as the supreme tuberculosis officer in that district acting equally for all the authorities in this case of treatment.

(*Dr. Leslie Mackenzie.*) Paid by the Insurance Committee and the Council.

(*Dr. Smith Whitaker.*) Paid partly by the Insurance Committee nominally, and technically no doubt the money would have to flow to him through the office of the city treasurer or the county treasurer, because the actual mechanical working of the thing would be that the Insurance Committee would pay an agreed sum per annum to the local authority and the local authority would pay the agreed salary to this officer. But if you trace the money from its source, part of the salary would come from the Insurance Committee and part of the salary would come from the local authority, and the only reason for not making this a joint committee in the strict legal sense of the term and making him an officer of the joint committee in the strict legal sense of the term is the legal difficulty that there is no power, as we understand, for the local authority to enter into an arrangement for taking part in a joint committee of that kind, that any committee that is created must be technically and legally their committee, and we get over the matter by what I understand will be a legal arrangement that they enter into a contract with the Insurance Committee.

(*Dr. Niven.*) Why do you wish him to be the supreme Tuberculosis Medical Officer; why should he be supreme; and in what respect is he to be a supreme Tuberculosis Medical Officer.

(*Dr. Smith Whitaker.*) He is to be the supreme Tuberculosis Medical Officer in the sense that you want to get unanimity of action throughout the district. You do not want to make a distinction between insured persons and non-insured; you want, if you can, to get behind your legal difficulties and create a system which in practice will deal in the same way with the insured and the non-insured, and the way to get at that is by this pooling of the responsibilities. Now, let us take the position as regards the insured.

(*Dr. Niven.*) That is quite right; is he to be supreme over the Medical Officer of Health?

(*Dr. Smith Whitaker.*) No, he is supreme over the treatment of tuberculosis; the diagnosis and treatment of tuberculosis. Take the position as regards the insured persons, because that is our difficulty. The Insurance Committee have to have some medical officer who will go and examine every doubtful case reported to them of an insured person, will confirm the diagnosis for them, will advise them as to whether that person ought to be recommended for sanatorium benefit, and will advise them as to the place where he will go for treatment. They have to have that. That is the function of the tuberculosis officer so far as the Insurance Committee is concerned, and we suggest that he should discharge that function not only as regards the insured, but also as regards the non-insured, and then you have described the whole of his functions.

(*Sir George Newman.*) May I, on a point of order, ask you whether we are now discussing paragraph XCVIII., and if so, what is the exact criticism or suggestion which Dr. Niven and Dr. Leslie Mackenzie have got to make with regard to this paragraph? Do they want some words added at the end of this paragraph, or does the paragraph meet them as it stands?

(*Dr. Leslie Mackenzie.*) Dr. McVail has a point first.

(*Sir George Newman.*) Before Dr. McVail puts his point, may I have my question answered?

(*Dr. Leslie Mackenzie.*) I cannot answer it off-hand. What does the paragraph say—XCVIII.?

(*Dr. Mearns Fraser.*) Are we not discussing the position of the medical officer?

(*Dr. Smith Whitaker.*) On the point of order, are we not discussing item 3 of the agenda, which does not relate to any special paragraph of the Report?

(*Chairman.*) We shall take these administrative sections in detail as soon as we have finished the general discussion.

(*Sir George Newman.*) Very well.

(*Mr. Willis.*) Mr. Chairman, in regard to this administration question, I should like to say we have had numerous conferences in regard to that. It is felt, I think, on the insurance side, that the Insurance Committees would not be likely to avail themselves of arrangements made by local authorities, unless they got some sort of voice in connection with those arrangements, some sort of control over them. I personally have not very much sympathy with that view. I rather feel that the passengers who provide the money for the railway have not got a voice in the management of it. If they do not utilise one railway they utilise another, or get a motor car, and just in the same way I felt that in regard to the scheme of the National Insurance Act it was this, the Insurance Committee have got a duty cast on them of making agreements with people who possess sanatoria, and organisations for giving sanatorium treatment. The duty is cast on the Insurance Committee to make arrangements with such people. Well, I thought local authorities would be one of the bodies for making the arrangements, or rather, I thought, they would be the body for making the arrangements, and that usually, by means of a contract with the local authority, the Insurance Committee would get accommodation for their money, and, further, they would avail themselves of the arrangements made by the local authority. It is clearly desirable on all grounds that we shall not have dual organisations. But the insurance people tell me that that in itself is not sufficient to get Insurance Committees, generally speaking, to make contracts with local authorities for sanatorium benefit for insured persons for whom they decide to recommend sanatorium benefit. Well, that being so, we cast about to see whether we could find some means of meeting the insurance people, and it was suggested that a sort of Advisory Committee, because I do not think it could be more than that, should be set up in each county, and in each county borough, and on that Advisory Committee the insured people should have some representation. Again, I do not see much objection to that, because if a local authority are going to provide sanatorium benefit and dispense with organisation, the local authority will, I think, be wishful that it shall be utilised by the insured in their area, by the Insurance Committee, and they will therefore be anxious, I think, to hear the views, at any rate, of the insured people, and for that reason I think, perhaps, the Joint Committee, or as least an Advisory Committee of this nature, may be of some assistance. As I say, we have devoted a great amount of time and attention to this matter, and it has been generally agreed by the Heads of the Local Government Board, and the Insurance Office, that such a committee might be recognised as a satisfactory way out of the difficulty. I do not think it was ever intended by this draft Report to oust the local authority. The local authority are, of course, and must remain the sanitary authority for the area. That is the law of the land, just as much as the Insurance Act is the law of the land, and it cannot be altered, and I think we have to recognise that it was never intended that that should not be recognised. I think that is your view, Mr. Chairman, is it not? For that reason, on the whole subject as I said before, to certain parts of this draft being altered, because there are certain parts of this draft which suggested another view, I think the general scheme of administration which is outlined in the draft might be accepted.

(*Dr. Smith Whitaker.*) I have taken up so much of the time of the Committee this morning that I am very reluctant to speak again. But I would desire to say one or two words with reference to Mr. Willis' remarks as to the views of the Insurance Commission, which seemed to me quite unintentionally not to convey what we understood as the reason for these proposals. I do not think it is that the Insurance Committee would have any reluctance to send their

patients to the Tuberculosis Institute; I do not think that was the practical reason that we considered this representation on this Committee; the practical reason that occurs to us is the desire to avoid unnecessary multiplication of officers and to avoid unnecessary expense. We are trying to act for the best with a position which tends to dual control inherently; we are trying to find a means of escape from that dual control. We do not dispute the decision of the sanitary authority, but we wanted to see if we could evolve a scheme by which the services of the tuberculosis officer, the head of the tuberculosis dispensary, which is an integral part of your whole scheme, shall be made available also as the advisor to the Insurance Committee instead of having two sets of advisors. That is the cardinal point, and that is why the Insurance Committee must somehow or other be represented on the Tuberculosis Committee, and the officer if he is to be received by the Insurance Committee as their advisor, in order to avoid an undesirable multiplication of officers, should be really responsible to a committee on which they are represented, and that the Council should institute that Committee with such powers as will make it an inducement to the Insurance Committee to use that officer acting under that Committee as their officer and advisor. That I gather to be the essence of the matter; the desire to avoid multiplication.

(*Mr. Willis.*) I am very sorry to speak again on this subject, but I am rather doubtful whether the Council can endow the Committee that we have got in view with any definite legal power indeed; I feel sure they cannot. I do not want it to be said I did not at once take exception to that view.

(*Chairman.*) Surely the idea is that the Council should agree to accept the advice of the Committee.

(*Mr. Willis.*) Yes, of course; you will not, I think, get any corporation to enter into a contract undertaking beforehand to follow the advice absolutely of a committee made up in this way. I mean it would be an unreasonable thing. This Committee in the proportions suggested in this draft are four-ninths from the insurance people, and five-ninths from the sanitary authority. Well, that four-ninths might easily be all labour representatives, your five-ninths might also be, by a certain amount of manipulation of machinery, very largely of the same way of thinking, and that committee might recommend most extravagant expenditure absolutely needless, and to expect a corporation to follow the advice, and by contract undertake to follow the advice of such a committee, seems to me absolutely unthinkable; it could not.

(*Chairman.*) I think there is a misapprehension. The duties of the Committee are merely the staffing and internal management of the dispensary; there is no question of their running the tuberculosis dispensary.

(*Mr. Willis.*) It is merely that you said you thought they would contract to follow the recommendations of the Committee.

(*Chairman.*) Yes, as regards the staffing and the internal management of the dispensary.

(*Mr. Willis.*) I should rather doubt whether they could contract to follow the recommendations of that Committee as regards staffing. That Committee might conceivably say we must have a very large staff.

(*Chairman.*) That goes back.

(*Dr. Smith Whitaker.*) We are reopening the whole question. May I say to Mr. Willis: he says, a corporation would refuse to enter into any agreement as to the staffing, but surely they are getting a *quid pro quo*; they are getting money, and surely money is sufficient consideration for these things. If the Insurance Committee say, on condition of your agreeing to be bound by the advice of the Committee on which we are represented as to the staffing and internal arrangements of this dispensary we will contribute four-ninths or one-half, or whatever the total cost of the upkeep of the dispensary may be, surely that is not an unreasonable arrangement, surely the Corporation are getting a *quid pro quo*.

(*Mr. Willis.*) On that point I think the capital expenditure which we estimate on a tuberculosis dispensary is about 250*l.* to 300*l.* for 200,000 people; I think the maintenance expenditure is estimated at about 1,500*l.* year; call it 1,000*l.*

(*Dr. Addison.*) Call it 1,000*l.*

(*Mr. Willis.*) Call it 1,000*l.* a year. Even if the insurance people undertake to pay the whole of that 1,000*l.* a year I cannot conceive the Corporation of Birmingham handing over all their powers in regard to tuberculosis to the Committee in exchange for 1,000*l.* a year.

(*Chairman.*) It is not as regards tuberculosis, but only as regards the internal management of the institute.

(*Mr. Willis.*) The fact is that in a great many towns a good deal that you are proposing should be done under the label of a dispensary and institute is now being done by the sanitary authority. Of course we do not want it done twice; it will still continue to be done in much the same way as at present in many cases. We are hoping of course to stimulate all local authorities to efficient action in this matter.

(*Dr. Smith Whitaker.*) All I can say is this: of course we are opening up new vistas. If I understand Mr. Willis can induce the Local Government to induce these corporations to continue to provide it for all insured persons without contribution from the insurance fund, then no doubt they will be very glad to save the further part of their expenditure and devote it to other objects. If the Corporation of Manchester say, "We in the past have been doing this kind of thing for all the population, including those who are insured and those who are not, we do not want any grants from the Insurance Committee, we are quite content to go on meeting this out of the rates as in the past." If that is the proposition I quite agree the Insurance Committee on those grounds would have no claim to a voice in the management of the institution towards which they were not contributing, but I thought we were going on to another assumption, that the Insurance Fund was providing a source of income not only to the institution itself, but in some towns going to the relief of the rates, in other towns to enable the local authority to do something they have never done in the past. According to the conditions, and in consideration of that, then I suggest again that it is not unreasonable if they do so contribute, that they should have a voice in the management.

(*Mr. Willis.*) We are getting rather on the political lines. I am not responsible for the scheme of the Insurance Act. But the scheme of the Insurance Act is that certain money is made available to Insurance Committees for paying for the treatment of insured people. It is quite true that you can work this Act in a different way. You could have said that tuberculosis shall be treated like typhoid fever, or scarlet fever, or small-pox. We will give grants to certain authorities to encourage them in providing more sanatoria, and so on. But we will leave it there. But the Act was not framed on that basis. The Insurance Committees are given certain moneys, and they have got to utilise them for providing sanatorium benefit. That is all. I only put the other point that you cannot expect big corporations for the sake of 1,000*l.* a year, even admitting the whole lot, to sacrifice what they consider to be a matter of principle, and therefore, if we make this recommendation that they shall be guided by the advice given by this committee, this special committee we are talking of, it must be advice limited to a very small section of their work.

(*Chairman.*) I certainly understood before we came here to-day, that Mr. Willis and Sir Horace Monro and others outside had seen this, and agreed to the wording. Of course, if we are to start discussing it again, we must postpone it. It does seem a pity, having agreed to it, that we should now go back upon it. It is merely a question of a committee to decide upon the staff and the internal management of the tuberculosis dispensary or institute, or whatever it is, and I certainly understood that had been agreed upon.

(*Mr. Willis.*) I am not for a moment saying that I do not agree. There are certain small verbal alterations I should like made. Dr. Smith Whitaker said that a part of the arrangement is, that the Council should endow that committee with absolute powers, I did not want to let the matter slide; the draft Report does not say that. The draft Report says: "that arrangements should be made whereby in consideration of financial support given by the Insurance Committee for a term of years towards the expenses

"incurred by the institute in respect of the Committee's patients, the Council might agree to be guided in matters appertaining to the staffing and internal management of the institute, by the advice of a committee consisting of members of the two bodies appointed by the respective parties in some agreed proportion—such as, for example, five-ninths by the Council and four-ninths by the Insurance Committee." That I agree with,

(*Dr. Addison, M.P.*) I think it is only a matter of words; Mr. Willis was only putting in a saving clause.

(*Mr. Willis.*) I do not want anybody to go away with the impression that I am agreeing to read into these words something which I do not think is there; that is all.

(*Dr. Smith Whitaker.*) I do not think I suggested anything but what is in these words.

(*Chairman.*) I think possibly the best thing to do is to take these administrative sections—XC. to CI. and also the new section which is typed on the paper 9A—and go through them.

(*Dr. McVail.*) I really, sir, have great hesitation in intervening in this discussion at all, because as I understand it it is a discussion relating to England, but as a spectator in the discussion it occurs to me that the differences in view between the two parties as expressed here are so little, that they could quite well be reconciled by a simple alteration in the paragraphs of the Report, which, though they have not been mentioned, are yet paragraphs round which this discussion has centred, and I think it might save a good deal of time if I would be allowed to refer to this paragraph, and to point out how I think these differences could be composed, but just as you please.

(*Chairman.*) May we take it after lunch; it may start the discussion afresh?

(*Dr. McVail.*) Mr. Chairman, before we adjourn for luncheon I began some remarks, and you agreed that we should resume them after luncheon was over. I have been struck by the nearness of approach of Dr. Niven, on the one hand, and Mr. Willis and Dr. Smith Whitaker on the other, to agreement, and it seems to me that there is a comparatively small bridge still to be connected. Now, it is obvious that no one can take away from this power which the Insurance Committee have. An insured person shall not be entitled to sanatorium benefit unless the Insurance Committee recommends the case for such benefit. That cannot be altered by any committee, or otherwise, so that if the arrangements made between a given Insurance Committee and a given local authority are at any time unsatisfactory to the Insurance Committee, it can at once withdraw from the arrangement subject to the terms as to when and how withdrawal shall take place, and make other arrangements of its own. I do not think that in practice the difficulties which were contemplated just now are at all likely to occur, but I think that the power of withdrawal does a very great deal to bridge over the difficulties that can be foreseen. Taking it to be admitted that there cannot be a joint committee with statutory powers, but there should be a committee of the sanitary authority, with the co-operation and representation for advisory purposes of the Insurance Commission that Dr. Niven appears to accept, and that also appears to be accepted on the other side, then the question is what all the discussion has been about if the two sides are so close together. Well, though the sections have not been mentioned, it seems to me that what has been in the minds of those discussing them must have been part of Section XLIX. and part of Section LXIX. Section XLIXA, Medical. This will include a chief medical officer, who might be known as the tuberculosis officer responsible for the general conduct and administration of the institute. He should be a first-class clinician with special training in tuberculosis. This officer should be independent of control by any other medical man. Then Section LXIX. : "It is of great importance, both from the point of view of an efficient administration and of attracting capable officers, that the medical superintendent be possessed of supreme power, so far as the patients and staff of the sanatorium are concerned, both with regard to all questions involved in the treatment of patients and to all questions of administration. The medical superintendent must of course be under the control of local bodies." Well, I do

think that it must be these words that Dr. Niven has in his mind in a good deal that he has been saying in the remarks that he made. Now it seems to me that these words really embody a suggestion that this Committee should give advice to local authorities as to the internal administration of their own work, and as to the relationships between their own officials. Why should we as a committee go to the length of interfering with the corporation of Manchester in any arrangement that they may think necessary to make as between Dr. Niven and the tuberculosis officer whom they may appoint. I do think that that is an attitude that the local authority might resent. Why can we not leave it out? What I suggest is simply not to substitute anything else, but we omit these words: "This officer should be independent of control by any other medical man." They are not necessary. I do not suggest that we should put in "This officer should be under the control of the medical officer of health." All I would advocate is that the words should be left out. In the same way in LXIX.

(*Chairman.*) LXIX., may I say, does not really come into the interim report; this other one, XLIX., does.

(*Dr. McVail.*) Very well, let us omit that altogether, and in omitting that, I should be surprised if Dr. Niven and those whom he represents would not be willing to agree to all the rest of it. Then might I say while I am on my feet, with regard to the representation of the Insurance Committee in the administration of the sanatorium benefit, the Insurance Committee represent the insured persons; the insured persons have two relationships to the matter. They have been given this money, this 1s. 3d. per head, for use for sanatorium purposes, but they also, though only one-third of the community, probably represent one-half of the electors who appoint the town councils and district committees who again appoint the medical officers and the whole staff. These insured persons quite rightly could actually control, if they were dissatisfied, the election in Manchester or the election anywhere else of the body who are to form the majority of the managing committee. Now, I cannot see why they should not in most cases turn out to be quite satisfied with the management by the local authority. I cannot see why a competent insurance committee in the city of Manchester might not have it pointed out to them that they would have a double representation; first of all, the representation of the co-opted members of the insured persons, and, second, a representation as ratepayers of Manchester, who have appointed the town council of Manchester, and if they are satisfied with the work of their medical officer of health, that it is quite possible that they might welcome his aid and supervision in this whole work. They might say to themselves, "We have got a good medical officer of health already; we elected the town council; they advertised; they appointed a first-rate man; he has been doing his work well; he has a duty towards the whole population with regard to the prevention of tuberculosis; why should he not have included in his duties the special supervision of the insured persons." Why should he not, the Insurance Committee might say, be our adviser with regard to the nomination of persons for sanatorium benefit. Indirectly, they have already appointed him, and if they believe in him they should be in a position so to utilise his service, and they should leave it of the local authority to arrange the inter-relationships of its own staff, as it does at present. At any moment the Insurance Committee may feel dissatisfied with what is being done. Well, the law remains, the section that I was reading, the sub-section, "An insured person shall not be entitled to sanatorium benefit unless the Insurance Committee recommends the case for such benefit." At once, at any moment they can withdraw, and assert that power. We are not satisfied here with what the medical officer is doing, though he is appointed by a town council, whom to a great extent we have elected; we will withdraw and we will appoint a man of our own. But I do not see any good in us as a committee inserting words which suggest to the Insurance Committee that they should interfere with the proceedings of the local authority with regard to the arrangement of duties between its own officials, and I believe the omission of these words would go a long way to

bridge over the difference which exists between the different members of this Committee.

(*Chairman.*) I do not think that Dr. McVail quite realises why these words were put in. The words in Section XLIX. really hang upon the acceptance by this Committee of Section XCVIII., where there is the joint committee which we have all been discussing, that is to say, it is merely stating that the medical officer of the dispensary shall be appointed, as we have agreed, on the advice of the joint committee.

(*Dr. McVail.*) Yes.

(*Chairman.*) Therefore, this is merely stating in another shape what is agreed; what I thought just now had been agreed upon in Section XCVIII., that the staffing and the internal management of the dispensary should be the special duty of this joint committee.

(*Dr. McVail.*) Yes.

(*Chairman.*) The joint committee, that is to say, rather than another medical man. Taking your point of Manchester, I have no doubt whatever that if a joint committee were appointed in Manchester, they would say, "We have in Dr. Niven a man in whom we have complete confidence, and we will take his advice"; but we have to take the country as a whole.

(*Dr. McVail.*) Yes.

(*Chairman.*) This merely says that it is to meet the difficulty which I thought had been adumbrated by the various speakers of the two authorities, the one with the power of providing treatment, the institution; the other with the patients and with the money. And, after all, if I may say so, I do not think that you can look upon the insured persons throughout England as being merely one-third of the community. The insured persons are fifteen millions. Though they may be one-third of the total population, still they represent the adult population, practically the whole consumptive population, so that people who are coming to the dispensary will really be insured persons. They will be more than one-third of the persons coming there. They will probably be more than one-half; that is problematical, but, taking the age incidence and occupation, it is probable that the insured persons will be a very large majority of the people who come to the dispensary.

(*Dr. McVail.*) Taking your last point, first, sir, while the insured persons are only one-third of the community, as you have just pointed out, they do not include any persons under 16 years old. They are largely male adults, they are largely voters; in all probability they have much more than one-third of the voting power in the election of the town council. Legally they may have half, even a majority, although they are only one-third of the population. Then, with regard to the other point, I think there is a distinction. The suggestion, as I understand it, is that this Committee with the advice of the representatives of the insured persons should appoint the officers, or should agree as to who the officers are to be. Is that so, sir?

(*Chairman.*) The officer of the dispensary?

(*Dr. McVail.*) The officer of the dispensary, yes. Accept that; that does not in the least determine his relationship to the medical officer. They are two different things. The one is the appointment of the officer by this Committee; the other thing, which it seems to me you cannot take out of the hands of the local authority, is the relationship which the one officer shall have to the other. Now, very likely in nearly every case the town council would be prepared to take the advice of that committee even on this point, but we in this Committee are pre-judging that case if we put in the definite statement that in our opinion he should be quite independent; I do not think we have any right to do that. Let the joint committee—it is not the joint committee really—let the Committee submit to the local authority their views on that point if they please, but it would be a mistake for us to pre-judge the case by inserting these words. It is tying the hands of the local authority; it would be open to a local authority to say our medical officer of health is independent. We would rather put the tuberculosis officer to control him than *vice versa*; we are not to put the medical officer over the tuberculosis officer. On the other hand, the local authority might say, "We have such an admirable medical officer, that

"any member of the public health staff, or any sub-committee of the public health staff, should be to some extent under his administrative supervision." At present a medical officer of health has a good deal of administrative control over men with whose special duties he cannot possibly in the very least degree interfere. I have had charge only quite lately of five hospitals, or six for infectious diseases—five, I think. Never for one moment would I have dreamt of interfering with the clinical duties of the medical officers of these institutions. That would have been altogether outside of my province, but administrative questions do come up apart altogether from clinical duties. I would have no knowledge whatever of clinical work in respect of tuberculosis, but yet I might usefully exercise some supervision over the proceedings of the tuberculosis officer in respect of administrative functions.

(*Chairman.*) Then do you suggest, Dr. McVail, that we should make it possible for any medical officer of health to say what the tuberculosis officer is to do within his dispensary?

(*Dr. McVail.*) No, what I suggest is that you should express no opinion on the subject.

(*Chairman.*) But then you make it impossible for any medical officer of health to say what the tuberculosis officer is to do in the dispensary.

(*Dr. McVail.*) No, no; what we would make possible by omitting these words is simply this, we would make it possible for the town council of Manchester to exercise its own existing powers as it sees occasion. If it has a good medical officer, to give him certain powers; if it has a bad medical officer, not to give him these powers. I would simply make it possible. I would not withdraw from the local authority this power of control over its own officers. And there is a suggestion here that in one particular direction that power should be withdrawn.

(*Dr. Smith Whitaker.*) It seems to me that Dr. McVail's remarks—though, personally speaking, one has the greatest regard for his opinion—if I may say so with all respect, do put the matter in a false perspective. He talks all through that this is a matter of the relation of the officers of the local authority to one another. It may be that technically this tuberculosis officer has a room in the office of the officer of the local authority. Well, what are the realities of the case that we are faced with, and why should we try to blink the fact, if the friendly societies, if the great organisations of the working classes that had such a large influence on the progress of this Bill through Parliament had been content with the electoral power that they have in various areas to secure the necessary control of these matters, this clause would never have been worded as it was. They were not satisfied with that. They said quite frankly in their judgment they must go into these facts in regard to this particular thing. They want a more direct and immediate control. And what are we doing here, sir? Dr. McVail says, "Why should we advise?" That seems an argument for leaving all the administrative sections out of this. What we, I take it, are trying to do is to anticipate difficulties that we think will inevitably arise. If we do not anticipate them and suggest a way, a *via media*, the kind of thing we are trying to avoid, is what would be created if Dr. McVail's suggestion is carried out, the Insurance Committee withdrawing from such an arrangement. We want to put the thing on such a basis from the start that there is no likelihood whatever of them withdrawing. We are suggesting a compromise instead of their having an adviser of their own, he shall be in reality, though not in name, joint officer of the two authorities. That is what it comes to, that the Insurance Committee, in consideration of having representation on a committee, called the tuberculosis committee, and of this officer being responsible to that committee, and to that committee only, or to the local authority through that committee, and through that committee only, with no other channel of responsibility, that his responsibility to the corporation of Manchester will come straight down to him through the tuberculosis committee, and through no other channel; in consideration of that the Insurance Committee are asking, or we are suggesting this as a

practical scheme, that the two bodies can agree upon. They are asked to say we will not appoint any other officer of our own, and not only will we not appoint any other officer of our own, but we will not only contribute towards the expenses of this institution the amount we should have to pay as a reasonable capitation payment for the absolute treatment of these people who go there to be treated, and for whom we are responsible, but we will also contribute towards the salary, in consideration of the fact he is to be our expert officer on questions of diagnosis. The Insurance Committee come into this matter in two relations. If they did not come into this agreement they would have to have an officer of their own, to whom they must pay a salary, not for the purpose of treating people, they have no power to pay an officer for treating they must pay the local authority, or the managers of an institution for treatment, but they have to pay somebody as their expert officer in questions of diagnosis and treatment. Therefore, their contribution to the up-keep of the dispensary consists of two items, the item in respect of the number of patients for whom they are responsible, who are treated there, and the item in respect of the expert advice in respect of the diagnosis and treatment they are to get from the tuberculosis officer. And I submit, sir, in consideration of those payments, it is not unreasonable to make it a condition that this officer shall not be under the control of an officer who is the officer of the local authority only, namely, the medical officer of health, that in so far as he represents the expert adviser of the Insurance Committee, he should not be under the orders of the medical officer of health.

(*Dr. Leslie Mackenzie.*) Dr. Smith Whitaker is supposing a necessary antagonism between the local Insurance Committee and the local authority. I do not know what may exist in regard to the problem in England, but I am quite satisfied in a large part of Scotland there will be no such antagonism, but the local insurance committees, in many places, at least will be only too glad to have or take advantage of the officer of the local authority of public health. All I understand that Dr. McVail is anxious to have is simply not to close the door to that arrangement which is possible that a local insurance committee may agree with a local authority for Public Health to accept the man appointed by the local authority for Public Health. If they do agree, surely you do not want an artificial arrangement requiring them to have something else. If they find their purpose is perfectly fulfilled by the one arrangement or the other, why should they not have it fulfilled in that way? That is all that is in Dr. McVail's mind, and it still leaves the question open. Here you absolutely close it by saying, This officer should not be on any terms, on any occasion whatever, under a member of the medical officer's staff. While possibly in a great many cases that may be desirable, or not, is a matter of argument, but in some cases I am quite certain that the local insurance committees would be quite pleased by having the assistance of the medical officer of health.

(*Dr. Addison.*) Would it meet your point if we put in the words: "Shall be independent of any other medical man in connection with his clinical duties."

(*Dr. McVail.*) Surely, I would at once accept that absolutely; that is absolutely right.

(*Dr. Leslie Mackenzie.*) That is an every-day affair.

(*Dr. Addison.*) That meets your point.

(*Dr. McVail.*) Yes; at once.

(*Dr. Addison.*) Well, I think that is a way out.

(*Dr. Mearns Fraser.*) I object to that being put in. I think it is quite unnecessary. I quite agree with what Dr. McVail has said, and I think he is quite right in his forecast of what will happen. I think Dr. Smith Whitaker has made a mistake perhaps in losing sight of the large number of patients that are now treated, but will now come under the Insurance Act, by the local authorities. To give you a concrete example—and there are many other towns in the same position. Take Portsmouth, now. The sanitary authority of Portsmouth has made excellent arrangements for treating patients subject to tuberculosis, and they are treating about 300 at the present time. Now, your Insurance Act comes in, and there is a further class

to be treated. The suggestion is now that a separate officer is to be appointed who will be independent of the medical officer of health, who is at the present time controlling the treatment of these persons, or the administration of the treatment. What is the position going to be? You are going to have another committee formed altogether independently of the Health Committee; you are going to have another officer appointed altogether independent of the chief officer of the sanitary authority, and do you imagine for one moment you are to have that going on without friction? I am perfectly certain you will have friction between the two officers and between the two committees at once. You can only work it in connection with the sanitary authority and in connection with the sanitary authority's chief health officer, and to appoint any other independent officer is bound to end in failure I am quite certain. Moreover, Dr. Smith Whitaker makes the point that the Insurance Committee are to find the money, and they shall control it. They will only find the money for part of the patients to be treated there. They find the money now and in the future; for the uninsured people their officer must be the controlling officer.

(*Dr. Addison.*) I would suggest that we put in after the word "man," "this officer shall not be controlled by any other medical man," the words "in respect of his clinical duties in this connection."

(*Dr. McVail.*) I heartily agree with that; I would not dream of interfering with clinical duties, and I do not see that Dr. Mearns Fraser should object to that. Let us put that in and let us get done with it all; you get rid of all this confusion.

(*Dr. Mearns Fraser.*) I think it is asking for trouble to put that in. I do not think any medical officer would interfere; you are just raising a point which will never occur.

(*Dr. Niven.*) It is simpler to cut it out altogether.

(*Dr. Mearns Fraser.*) I think so.

(*Dr. Addison.*) That raises other points.

(*Dr. Niven.*) Will your suggestion be in respect of his duties as clinical officer to the dispensary.

(*Dr. Addison.*) Yes, in respect of his duties as clinical officer to the dispensary.

(*Dr. Paterson.*) What is to happen supposing he is not doing his work properly?

(*Chairman.*) Who?

(*Dr. Paterson.*) This tuberculosis officer. If he does not do his work properly, and there are some complaints about it, who is to find out the complaints are justified unless you look over his work?

(*Dr. Meredith Richards.*) The controlling Commissioners will do that.

(*Chairman.*) The Committee on whose advice he was appointed.

(*Mr. Willis.*) They would need some technical advice.

(*Dr. Latham.*) Supposing I do not do my duties; who sits on me?

(*Mr. Willis.*) If you were a layman you would consider it an advantage to have the medical officer of health's opinion on those points.

(*Chairman.*) And there is nothing to preclude you getting the opinion of the medical officer; you merely say, it shall not be in the power of the medical officer to appoint or dismiss him on his own.

(*Dr. Niven.*) The medical officer will have nothing to do with his appointment. Do you accept that, Dr. Mearns Fraser, "in respect of his duties as clinical officer for the dispensary"?

(*Dr. Mearns Fraser.*) I think it is better to leave it out, but I would not make a strong point about it.

(*Dr. Addison.*) I think the word clinical is a little bit in the wrong place; it is the clinical duties that we are referring to; not the fact that he is a clinical officer; I think it is better to leave it "in respect of his clinical duties in this connection."

(*Dr. Mearns Fraser.*) Will that satisfy the Insurance Commissioners?

(*Dr. Leslie Mackenzie.*) You want to make it impossible for the assistant of a medical officer of health, even when the Insurance Committee and the local authorities are agreed, to accept the post of tuberculosis officer. That is what you are proposing.

(*Chairman.*) Tuberculosis officer.

(*Dr. Leslie Mackenzie.*) Why should you, if it is locally agreeable?

(*The Secretary.*) If he is one and the same man he cannot be controlled by the medical officer.

(*Dr. Leslie Mackenzie.*) Supposing, for example, a very brilliant young man became the assistant of a medical officer of health for all purposes—it is a small area as far as insurance is concerned—he would be quite able to take on the work of the tuberculosis dispensary in addition to other things; are you going to make it impossible for him, assuming that the Committee and the local authority are agreeable. Dr. Smith Whitaker says it is only recommended, but you are to recommend that it should be made impossible. Why? Why should it not be an assistant to the medical officer if that is locally the best arrangement?

(*Dr. Addison.*) The medical officer of health in a general way is not an expert in chests; he is an expert in public health.

(*Dr. Leslie Mackenzie.*) I know medical officers who are experts in tuberculosis; why should they be excluded?

(*Dr. Addison.*) I think you must have the responsibility brought on somebody.

(*Dr. Smith Whitaker.*) Another answer to Dr. Leslie Mackenzie is this, if he is assistant medical officer of health for this purpose, it would be such a small institution that it would not be economical or efficient on other grounds. The whole conception of this report as regards this tuberculosis officer is that they should be in large places.

(*Chairman.*) And that he should be a whole-time officer.

(*Dr. Smith Whitaker.*) And that he should be a whole-time officer, not giving his time to ordinary sanitary work and putting in odd moments.

(*Dr. Niven.*) I understood you were to put down a rigid uniform scheme; have a set of nurses all over the county with small dispensaries in the small towns. You would object to that arrangement; you are going to preclude any variety or different schemes of that sort; they must conform to this standard.

(*Dr. Smith Whitaker.*) I am excluding nothing. I am only saying the Committee at their last meeting, after a good deal of discussion of the dispensary question, came to the conclusion that the plan which they would recommend was a plan which provided for an institution which would require an officer receiving a salary of, say, 600*l.* a year. That was not my decision; it was the Committee's decision. They came to the conclusion that that was the most economical plan. They did not lay down a rigid system. They have no power of legislation, but they say in our opinion the most efficient system makes a dispensary system so large that the officer at the head should be a man receiving a salary of 600*l.* a year.

(*Dr. Niven.*) An opinion was expressed that a unit of 250,000 people was the proper unit for a dispensary. That was simply an expression of the opinion of certain gentlemen.

(*Mr. Willis.*) I think it was only intended that we should make that suggestion, that we should say in big schemes considerable elasticity must be allowed. I do not think there is any difference of opinion.

(*Dr. Latham.*) You want to put in something on this question of non-supervision of clinical duties from another point of view. As far as I understood it, it was agreed at this Committee, or there was a general sense of agreement, I think, that the first line of defence was the dispensary unit, and you wanted to have a first-class man in charge of that unit. You are not to get a first-class man to take charge of that unit if you are to put him under the control of a medical man such as the medical officer of health so far as their clinical duties are concerned. They must be independent and free from control on clinical points if you are to get a good class of man. Just in the same way you want to make the medical officer of health independent from an administrative point of view. You cannot have the man doing both sides.

(*Chairman.*) I think we might go on; I think there is pretty general agreement on that.

(*Dr. Mearns Fraser.*) What have we decided on that?

(*Chairman.*) I thought we had agreed to put in "in respect of his clinical duties in this connection" after the words "medical man."

Agreed.

(*Chairman.*) Well then, now, on XC.; on this question of administration which comes on page 13 we propose to put XCIX., C., and CI. after XCIII.; that is near the bottom of the page, that is to say that the sections headed "Sanitary Authorities to the Scheme" should come in front of "Relation of Insurance Committee to the Scheme." That will bring all the sanitary authorities together. Well now, on section XC.

(*Mr. Willis.*) Still, you are not taking any verbal amendments.

(*Chairman.*) I should perhaps begin by saying that this is administration in England, because there will be a Welsh section just in the same way as there is a Scotch and an Irish one. Well, now, on XC. On XCI., "United Kingdom" on the third line should be "England." That of course is merely a drafting amendment.

(*Mr. Willis.*) Ought "United Kingdom" to be "England," Mr. Chairman; could you not leave out the words "throughout the United Kingdom" and just go on from "system" to "can."

(*Dr. Smith Whitaker.*) I have to suggest, which I have already suggested to you in a draft I have submitted to you, that we have had very great difficulty on this Committee and outside this Committee in coming to any understanding on these things. We have had to find reasons for coming to this scheme that we propose here, and if may say so, sir, I venture to suggest that this draft does not put the reader of this report in the proper mental attitude for approaching our recommendations as to administration, that he ought to be made at this stage to face the difficulties that we have had to face; he ought to be made to realise that taking the Insurance Act on the one hand and the Public Health Act on the other hand, you have two sets of authorities, that if no steps are taken to avoid it there will be over-lapping, friction, between these authorities and unnecessary multiplication of officers. The discussion here to-day has shown the necessity of removing this misunderstanding. Again and again Dr. Mearns Fraser has stated that we have been trying to multiply the authorities. I am aiming at avoiding the difficulties which would be involved from the existence of the Insurance Committee, if you take the additional words in this first paragraph. The words proposed to be inserted are: "The Committee have already indicated the lines upon which, and the areas upon within which, the system which they recommend should be established. The question then arises as to how, and by whom, this system should be organised in order to secure (a) that every person suffering from tuberculosis, whatever the form of his disease, and whatever authority or body may be liable, or may have undertaken, to bear the cost of its treatment, should receive the treatment appropriate to his condition, and (b) that in the interests both of economy and efficiency unnecessary multiplication of offices and institutions, and overlapping and conflict of authorities, should be as far as possible avoided." It makes an introductory paragraph.

(*Dr. McVail.*) I think we should quite agree to that.

(*Chairman.*) That is agreed. That would follow in after "organised" at the end of paragraph XC.

Agreed.

(*Chairman.*) Now, on XCI. are there any points other than points which arise?

(*Dr. McVail.*) Are you to leave out the four words "throughout the United Kingdom."

(*Chairman.*) Yes.

(*Dr. Smith Whitaker.*) The words "throughout the United Kingdom" come out.

(*The Secretary.*) Yes.

(*Chairmen.*) Are there any more points on XCI.? No. Well, XCII. then.

(*Dr. Smith Whitaker.*) Without suggesting actual words, I should have liked to have brought out the point developing the idea I have already suggested, pointing out quite plainly that if you run all these bodies on their own devices in the exercise of their

independent powers they could each run a little show of their own. The local sanitary authorities, the county councils, the education authorities, the insurance committees, can make arrangements with private persons, they could work independently if they thought proper, and our object is to avoid that. Misconceptions which occur in this Committee are likely to occur elsewhere.

(*Chairman.*) Perhaps you could send us in something which we could consider.

(*Dr. Smith Whitaker.*) Very well.

(*Mr. Willis.*) I should prefer the words "in consultation" instead of "in co-operation" in the fourth line of XCII., and in XCI., also, I think. Well, what do you mean when you say "in co-operation" with all the other bodies concerned? There will be perhaps two or three voluntary health societies in a borough, perhaps more than that. Taking the case, again, of a borough like Birmingham, there may at least be quite a dozen bodies which you should consult in framing a scheme. You are saying, including insurance committees, they should be the bodies to organise in co-operation with all the other bodies concerned. Now, I think the Charity Organisation Society, it covers everybody that so far as co-operation with the Insurance Committee is concerned. We have got definite recommendations, so that for that purpose you do not want here to have the word "co-operation."

(*Chairman.*) Why should we not have the two, because in big towns like Birmingham it is "consultation," whereas in smaller towns it is co-operation.

(*Mr. Willis.*) Take the position of a county council, with all the different local sanitary authorities within the area of the county, each of which you have to bring into line; they might go their own way if you did not consult and co-operate with them.

(*Dr. Smith Whitaker.*) Where you are dealing with them expressly, you say co-operation is necessary.

(*Dr. Addison.*) Co-operation: it may mean a little or it may mean a lot.

(*Dr. Smith Whitaker.*) Co-operation and consultation.

(*Mr. Willis.*) I should say at once when I objected to it that you meant co-operation. What did you mean by that? Did you mean that all these other bodies, equally responsible with the local council, should have a voice in the scheme?

(*Dr. Addison.*) You see it is the county council that is organising the scheme. It says so here.

(*Dr. Thomson.*) It is the county council which does the organising.

(*Dr. Addison.*) It is the county council which does the organising, but the co-operation comes in with the working of the scheme.

(*Mr. Willis.*) This covers county boroughs also, and it says, "In the view of the Committee, councils of counties and county boroughs or joint committees of such councils should be the bodies to organise in co-operation with all the other bodies concerned, including insurance committees." Now, that suggests that there is a large number of other bodies in the county borough besides the insurance committees with whom we are suggesting they should co-operate. I do not think it means to suggest that the county council organise the thing and consult any voluntary organisations there should be there; not co-operate with them; they should consult them.

(*Dr. McVail.*) I think, sir, in the case of the insurance committees it does go a little further than consultation; I think it is co-operation, looking to their relation to the financial aspects of the question, and to their statutory duties and powers.

(*Mr. Willis.*) Yes, I quite agree, but that is specifically dealt with later. We suggest that there shall be a committee, an advisory committee, in each borough or each county composed partly of representatives of the Insurance Committee.

(*Dr. McVail.*) As a matter of fact we wish them to work together; in co-operation means working together, and why should we not say so?

(*Mr. Willis.*) I really do not press it; put in co-operation or consultation.

(*Chairman.*) Put in co-operation or consultation.

(*Dr. Niven.*) In XCI. would you put "on uniform and well-considered lines" and strike out the words "uniform and"?

(*Dr. McVail.*) I do not think that it should be co-operation or consultation; I really think it should be

that the Insurance Committee have a status, and they require to be more than consulted.

(*Chairman.*) You accept that?

(*Mr. Willis.*) Yes.

(*Chairman.*) Now, Dr. Niven, what is your point?

(*Dr. Niven.*) I was suggesting you should strike out in Section XCI, the words "uniform and." It is undesirable to tie these things up.

(*Chairman.*) You want the general principles to be uniform, surely?

(*Dr. Niven.*) If it is on well-considered lines.

(*Chairman.*) You must have some degree of uniformity. Anything else on XCII.? XCIII. We have struck out the last paragraph in XCIII.

(*Dr. Smith Whitaker.*) I want to suggest as to these four reasons, only the third is specially applicable to the county council. It seems to me that (1), (2) and (4) all really apply quite as much to the sanitary authorities, or almost more to the sanitary authorities, and is it really necessary that we should state the reasons in this form? It seems to me the fundamental reason for bringing in the county council as the central organising body is that it is the one that stands in relation to every other. If you take the county you could not pick out a non-county borough or an urban district council and say they should take the onus of organising and working with all the other people, but the county council is the body that can do so, but as regards "the cost of providing and maintaining a comprehensive scheme locally will be very greatly lightly lightened by the funds made available by the National Insurance Act, 1911, but a certain amount of that cost must fall on ratepayers," why on the county ratepayers more than the urban district council ratepayers or the ratepayers of the non-county borough? This is a reason for the county council. You quite admit it is a fact that the thing falls on rates. It might be a reason for the local sanitary authority doing it.

(*Mr. Willis.*) I think the first reason is a very, very good one. The county council are the duly elected representatives of the persons residing in the area. We decided earlier that the county is the right area, because you have to get these schemes for a big amount of the population. I should be sorry to see (1) go out on that ground. Then the councils already have important powers and duties in regard to public health. That is undoubtedly true. It is quite true also that sanitary authorities have as well, but county councils certainly have, and under the Insurance Act it is expressly contemplated that for this sort of thing it is for the local authority to move.

(*Sir George Newman.*) Do you want that sentence out, then?

(*Dr. Smith Whitaker.*) My suggestion is that you really have to consider the position not only of the county councils but of the local sanitary authorities, and to put these reasons before you have mentioned the locus of the local sanitary authorities in relation to the matter is practically to suggest that these are not their functions also.

(*Chairman.*) You suggest that these sections should come in?

(*Dr. Smith Whitaker.*) I suggest No. (3) should be your predominant reason and should come first, but as to (1) and (2) they should be re-drafted in such a way as not to appear to set on one side the local sanitary authorities to say the county council are the duly elected representatives, but they are not the only duly elected representatives.

(*Dr. Meredith Richards.*) Surely the important point is these areas correspond to the areas of the local insurance committees.

(*Dr. Niven.*) The Insurance Act places these functions upon the county councils.

(*Dr. Smith Whitaker.*) No, not necessarily; it might be done by other authorities.

(*Dr. Niven.*) Well, it calls upon them to draft schemes, at all events, which is to a large extent placing upon them the responsibility.

(*Dr. Smith Whitaker.*) I agree with the conclusions; I do not agree with the reasons. I agree that (3) should stand, and part of (1) might follow (3) if differently worded; (2) is quite true, but it is not

peculiarly characteristic of the county council. It is true also of the sanitary authorities; (4) I suggest that the rating—

(*Chairman.*) Surely, if I may say so, these are drafting points; certainly (1) and (2).

(*Dr. Smith Whitaker.*) If they are agreed to be noted and agreed that they should be re-drafted, I do not want to press them here.

(*Mr. Willis.*) Is not the point here rather: shall a matter be dealt with by one of the local authorities, or shall it be dealt with by some new-fangled body which we are to bring into existence. We might recommend a new sort of body altogether should be set up, all the doctors' area should have the franchise, and it should be left to the Tuberculosis Committee. We know there are lots of things they could recommend; we say no; if you are to have a scheme for the county, the county council are the elected body for that area.

(*Dr. Smith Whitaker.*) No. (3) must come first.

(*Mr. Willis.*) I do not mind that at all; it is on that ground I have pointed out that they are the duly elected representatives of the people is useful here.

(*Mr. Stafford.*) We have already given our opinion about the matter; is it at all necessary that we should give our reasons for that opinion.

(*Dr. Addison.*) There is not the slightest necessity; if you come to read it as it is, "The most important desideratum will be to combine the activities of county councils and other local authorities with those of insurance committees in such a way as to ensure the most efficacious and economical expenditure of their energies and funds." Now the councils; it does not say what councils it might be, the county borough council; it might apply to any of these others.

(*Dr. Mearns Fraser.*) It means the borough councils as well, surely.

(*Dr. Addison.*) But, as Sir George Newman points out, that is practically a repetition of what we have said in a previous sentence. XCII. is practically in identical words. We do not want them twice over; we have already said so.

(*Dr. Smith Whitaker.*) Deal with the counties first, and bring in a separate section for the county boroughs later. I think a good deal of our drafting difficulty is from county and county borough councils coming in the same paragraph.

(*Mr. Stafford.*) Leave out your reasons.

(*Chairman.*) Well, then, the best way out of this difficulty appears to be—we are now on XCIII.—keep in the first paragraph, and omit from there down to the end. That is to say, "It has already been said that the Committee consider that, in the first instance, the schemes should be organised by the councils of counties, and county boroughs, or joint committees of such councils."

"Several reasons may be adduced in support of this:—

"(1) The councils are already in existence, they are the duly elected representatives of the persons residing in the county, and are in a position to secure efficient advice in preparing a scheme from their medical officer of health.

"(2) The councils already have important powers and duties in regard to public health.

"(3) In order to be comprehensive schemes must relate to the whole population of the area.

"(4) The cost of providing and maintaining a comprehensive scheme locally will be very greatly lightened by the funds made available by the National Insurance Act, 1911, but a certain amount of that cost must fall on ratepayers."

(*Mr. Stafford.*) Why do you not leave in down to "councils"?

(*Chairman.*) It is repetition.

(*Mr. Stafford.*) Oh, it is repetition; yes, I see.

(*Dr. Addison.*) It might be useful for insurance committees to see what the reasons are. I think it might be as well if we stated the reasons why we think it should be these local authorities. It would be useful for members of the Insurance Committee. I would not like to leave them all out.

(*Dr. Smith Whitaker.*) You have not mentioned the fundamental reason why this should be done by a local

authority, which is because the Insurance Committee has not power to do it at all.

(*Dr. Addison.*) I think that ought to come in.

(*Dr. Smith Whitaker.*) That is the reason. This consists of general statement, but you do not bring home to people's minds the real difficulty. The real practical difficulty we have to face is that first of all as regards local authorities. You have half a dozen or more local authorities in one area, anyone of which might do it. They might run their own show. You do not want them to do so. The other point is the Insurance Committee might, if they thought proper, employ an independent officer for such things, which is far cheaper for them than the officer employed by the local authority for the purpose. Put those things straight down on paper. They will go home to the minds of the insurance committees and local authorities and keep them to agree to your plan. Bring them up against the very difficulties we have to face, otherwise this report does not serve your purpose.

(*Mr. Stafford.*) Would Mr. Willis and Dr. Smith Whitaker re-draft these three or four things, and then bring them up afterwards?

(*Dr. Addison.*) I think that is the best way.

(*Dr. Niven.*) It would be a very good thing.

(*Mr. Stafford.*) I think that would meet it. Dine together and settle it after dinner.

(*Dr. Addison.*) Dr. Smith Whitaker and Mr. Willis will submit an amended draft.

(*Dr. Smith Whitaker.*)—With Mr. Clarke.

(*Chairman.*) With Mr. Clarke; all right. Now we are on XCIX.: Sanitary Authorities for the Scheme. C.

(*Dr. Mearns Fraser.*) Is there a great difference between XCIX. and what we are leaving to Mr. Willis and Dr. Smith Whitaker?

(*Dr. Smith Whitaker.*) If we are to alter the draft about the county councils it necessarily affects the draft about the sanitary authorities too; I think we might get them all into one.

(*Chairman.*) Perhaps the sub-committee might deal with that.

(*Dr. Addison.*) The whole of XCIX. is merely a work of supererogation. We have exactly said the same thing in much fewer words much further up. We have said they are to consult all these bodies. We have said this: "It is, therefore, clearly desirable that the schemes which are to be organised by county councils should be so framed as to secure the co-operation of sanitary authorities to the fullest extent." We have said we ought to consult the local authorities.

(*Chairman.*) Yes, but we do not want to leave out the sanitary authorities.

(*Mr. Willis.*) You must give special prominence to them.

(*Dr. Addison.*) Anyhow, I will try and boil it down.

(*Chairman.*) As a matter of fact we shall not get our interim report out.

(*Mr. Stafford.*) They will get it out to-morrow.

(*Chairman.*) I am not so sure about that. Now, C.

(*Dr. Meredith Richards.*) Ought there not to be said something there about the desirability of making arrangements corresponding to the areas of district committees? It seems to me in certain parts it would be very desirable. The Insurance Committee has the right of dividing the county into district committees for insurance purposes. It is very desirable that a similar area should be chosen for any duties which devolve on the local sanitary authorities.

(*Mr. Willis.*) I think that should be borne in mind by a county council in formulating schemes. We might put in a word just to suggest that.

(*Chairman.*) Would you send in; I have, as matter of fact, asked for drafting amendments to be sent in.

(*Dr. Meredith Richards.*) I will mention it to Mr. Willis afterwards if he is to re-draft it.

(*Mr. Willis.*) I do not know.

(*Chairman.*) On CI. there is an amendment which we should like to be put in.

(*The Secretary.*) In the beginning of the second paragraph of CI. The Committee is inclined to think "that subject to proper arrangements being made with such sanitary authorities as are prepared to carry out (as above indicated) any portion of the scheme, it will generally be desirable that the county council, &c."

(*Mr. Willis.*) There will be another draft circulated, I take it?

(*Chairman.*) Oh, yes. Then we go back to the relation of the Insurance Committee to the scheme, page 13.

(*Dr. Smith Whitaker.*) Paragraph XCIV.

(*Mr. Willis.*) Paragraph XCIV., yes.

(*Chairman.*) There is nothing, I gather, on XCIV.?

(*Mr. Willis.*) Yes, as regards (c), "that of deciding whether such person," I think it should be "that of deciding whether a person found to be suffering from tuberculosis shall receive benefit." As it reads "That of deciding whether such person, if believed by the Committee to be suffering from tuberculosis, shall receive 'sanatorium benefit.'" The previous stage gets in the doctor, who is the man to say whether a person is suffering or not suffering from tuberculosis. The Committee cannot; they only take the responsibility of deciding whether a person found to be suffering from tuberculosis shall receive sanatorium benefit.

(*Dr. Niven.*) Still, the Insurance Committees are not going to decide that non-insured persons shall receive sanatorium benefit.

(*Chairman.*) No, this is dealing with insured persons.

(*Dr. Smith Whitaker.*) It should be "such person," not "a person."

(*The Secretary.*) In (d) in the second line, after the word "deciding," it is proposed to insert: "what form of treatment the case should receive, and." It will then read as follows: "If it be decided that he shall receive 'sanatorium benefit,' that of deciding what form of treatment he should receive, and with what person or authority the Committee shall make arrangements."

(*Chairman.*) Then XCV.

(*Mr. Willis.*) I do not know whether you would say that under (c), it is in the second paragraph, "involve both medical and financial considerations." It seems to me they involve only financial.

(*Dr. Smith Whitaker.*) The Committee might say we are to give sanatorium benefits to persons suffering from tuberculosis whom we have reason to believe to be curable, but we have not got enough money, and we do not have enough money for the cure cases. They might say that. Whether they would regard a given case as —

(*Chairman.*) XCV.

(*The Secretary.*) The second sentence of the second paragraph reads as follows: "If the necessary funds are available the Committee may be able to act upon the principle which they have laid down in the rule, that all cases of tuberculosis occurring in insured persons shall receive sanatorium benefit."

(*Dr. Smith Whitaker.*) The point is, it is doubtful whether they have power to lay down the rule.

(*The Secretary.*) Yes.

(*Chairman.*) XCVI., XCVII.

(*Mr. Willis.*) As regards the second paragraph, "The Committee recognise that the disposition of the Insurance Committee to make full use of the medical staff of the institute in the manner which is above indicated," I should suggest that it should read "may be largely dependent," instead of "will be," "upon some measure of control being given to them over the personnel and working of the institute."

(*Chairman.*) Well, then, XCVIII.: "The Committee are of opinion that, for the reasons above stated, the body legally responsible for the establishment and maintenance of the tuberculosis institute should be the council, but they suggest that arrangements should be made whereby, in consideration of financial support given by the Insurance Committee for a term of years towards the expenses incurred by the institute in respect of the Committee's pensions, the council might agree to be guided." It is also proposed to end the sentence at "proportion," stop at "proportion," and take out the two lines beginning "such as, for example, five months."

(*Dr. Smith Whitaker.*) I support that.

(*Chairman.*) Well, then we have now IXA.

(*Mr. Willis.*) Have you got "the council should agree" instead of "the council might agree"? Before you leave XCVIII., might I suggest that we retain the word "might" instead of "should." "The council might agree to be guided" rather than "should agree to be guided." I think you are more likely to get them into the way of it; it is the better way; it indicates our view.

(*Chairman.*) Well, then, we have IXA, which you have typed before you. Before leaving that, I take it that sections XCIV. to CI. are agreed, and the other sections previous to that are going to be re-drafted.

(*Dr. Smith Whitaker.*) Well, sir, I thought it was agreed that this is on the county. I think, when you come to look at that, we find it taken to be agreed in principle; then the mere drafting might cut it through.

(*Dr. Niven.*) Do you propose to mention that suggestion?

(*Dr. Smith Whitaker.*) I do not know whether it comes in here. May I mention the suggestion Dr. Niven and I have discussed? He feels he would find it more comfortable to agree to this—the suggestions as joint committees; if this could be agreed also, and personally from the Insurance Commissioner's side there would be no difficulty. It reads as follows —

(*Chairman.*) Where do you suggest it should come in?

(*Dr. Smith Whitaker.*) Might we leave that to you and the Secretary to settle on the most convenient place. It is only brought in here now as it is part of the conditions, as it were, under which Dr. Niven should give his signification to this kind of suggestion to the general idea that it should be made a condition of the continuance of sanatorium treatment in any form that a certificate should be given by the medical officer of health that he is satisfied that the health conditions of the whole of the family are satisfactory to him, or will be made so. That is to say, sir, I understand the spirit of the suggestion to be: At present the medical officer of health has in his hands, as it were, a kind of bribe: he can say, "You will carry out what is necessary for the improvement of the conditions of this home and various other matters of hygiene; I can remove your patient, and give him sanatorium benefit." That is so, is it not?

(*Dr. Niven.*) That is so practically.

(*Dr. Addison.*) Would you mind reading that again?

(*Dr. Smith Whitaker.*) "That it shall be made a condition of the continuance of sanatorium treatment in any form that a certificate should be given by the Medical Officer of Health that he is satisfied that the health conditions of the whole of the family are satisfactory to him or will be made so." I say nothing as to the drafting.

(*Dr. Addison.*) I shall certainly object to accepting that unless we had it down; it raises very important questions.

(*Dr. McVail.*) That appears to include structure over which the tuberculosis person has no control?

(*Dr. Addison.*) Supposing a medical officer of health in a county say a person is living in a miserable dwelling is recommended for sanatorium benefit, it is the duty of the local authority to carry out proper sanitary arrangements; very likely they will not defy the Medical Officer of Health; is that the person to be cut out of sanatorium benefit?

(*Dr. McVail.*) That is removing from the shoulders of the local authorities direct responsibility and duty. If it were only the conditions so far as under the influence of the occupier, but as put by Dr. Niven it includes conditions as under the influence of the owner.

(*Dr. Niven.*) No, I do not mean that.

(*Dr. McVail.*) No, but you say it.

(*Mr. Willis.*) I see what Dr. Niven wants. It is open objection. We all want to secure that people's homes should be made in as good a sanitary state as they can be made, and that is in Dr. Niven's mind. I think we could put a paragraph suggesting the importance of that.

(*Dr. Niven.*) I want more than the mere condition of the house; I want them to observe the conditions necessary for health which they are unable to do by the

sanatorium benefit to get the control, the control which I now get by other means and which is going to be taken away under the Insurance Act. We exercise a great measure of control now because we have something to offer. Well, I deem this is not such a good way of doing it; it is putting one more or less.

(*Chairman.*) Surely we cannot put such a condition as this; attach it to the Insurance Act.

(*Mr. Willis.*) Not to the Insurance Act; you could not possibly.

(*Chairman.*) Whereas if we make it a condition of sanatorium benefit—

(*Mr. Willis.*) We could advise insurance committees not to recommend people for sanatorium benefit unless they are satisfied that the home will be properly looked after.

(*Dr. Paterson.*) You have no right to do it; in the next place you are to recommend them not to recommend for sanatorium benefit those who stand most in need of it.

(*Dr. Niven.*) On the contrary you are going to bring pressure on the very poorest class of people who will not otherwise do anything to take those precautions which you think necessary for the safety of the family—the very reverse.

(*Dr. McVail.*) Dr. Niven's object is to get some control over those who are left in the home; over the contacts who may possibly be developing phthisis. It is entirely desirable that he should get that control and the suggestion ought not to be dropped, but it requires to be very much altered in form; it should not be dropped altogether.

(*Dr. Meredith Richards.*) By not paying the sickness benefit while the man is in hospital, unless the conditions are good; there is complete control then?

(*Dr. Addison.*) Bring it up in an amended form to us, in the morning; he will have time to bring them up.

(*Dr. Niven.*) Perhaps Mr. Willis will undertake to put them into shape?

(*Chairman.*) IXA., which you have typed before you. IXA. will be postponed till to-morrow. I think we ought certainly to try and deal with the question of finance. While Mr. Clarke is circulating certain documents, I should like to say that I have received letters from different people wanting to put certain points before the Committee. One of them concerns dioradine. I do not know whether that is the way it is pronounced. Is it your opinion that we should consider this?

No.

(*Chairman.*) There is one from the National Anti-Vaccination League, and two letters saying that vaccination is the cause of tuberculosis. Do you wish these to be considered?

No.

(*Chairman.*) Then there is another one, but I do not think we can deal with it. Another one has sent us a book on deep breathing, Mr. Lovell; I do not think that interests us?

No.

(*Chairman.*) Another one on the effect of football watching, music-hall attendance. I do not think we need consider him?

(*Dr. McVail.*) It does not raise the question whether the football player comes in under manual labour under the Act?

(*Chairman.*) No, this is whether the looking on. The only point of substance is a letter from a Miss Windsor in connection with Holy Communion, and the risk of infection. That has nothing to do with our Interim Report, but I will have it typed and circulated for your consideration before we come on to the Final Report.

(*Dr. Addison.*) At the request of the Chairman I drew up this memorandum with respect to finance, and this other paper which Mr. Clarke is now handing round, containing a number of suggestions which I have made to put into the report, which embody the notes set out in detail in a type-written document, which is on the thicker paper. Perhaps I might, for the convenience of the Committee, just go through it

You will see it all set out on a table in the back, but I take it we shall not publish to any local authorities, or in our report, the detailed figures upon which we have based our recommendations. We want to allow for elasticity and various kinds of schemes being developed. At the same time, unless we have some comprehensive ideas how much the various things will cost in the aggregate, it is not possible to make any definite recommendations in respect of any individual item as to what proportion of the cost we recommend should be contributed. You will find them all set out as worked from our previous discussions, and the various papers which have been sent in, on a large sheet at the back. In the first place, in regard to dispensaries in this little budget, one has estimated that the dispensary will only cover 115,000 persons. That is because in scattered county districts, and so forth, you will have a greater expense for a relatively smaller number of persons than you would have in a crowded urban district. You want your itinerary officer to go round the market towns, and in any case probably you would not cover a population of more than 70,000 or 80,000 in a large number of places, probably not so many as that, so that in our financial estimate, to be on the safe side, I thought it better to estimate for 150,000 as the unit of population. That would give three hundred units in the United Kingdom at an average cost of 250*l.*, a head, capital cost. With a view to encouraging the early formation of dispensaries, which is a point which we deal with in this section of our report, I would suggest there that a very large portion of the capital cost we should recommend should be contributed on the Treasury grant. You will see that put down here under the recommendations on that list. I call it Tuberculosis Institute, copying the words of our draft report. There are recommendations for capital and for maintenance. The first page of our recommendations is merely a recital of facts and dispensary treatment directly. Well, four-fifths of the cost of the establishment of 300 dispensaries would represent *l.* for 750 of the population, the aggregate amount contributed would be 60,000*l.*, leaving to the local authorities 15,000*l.* only.

(*Mr. Stafford.*) England and Ireland?

(*Dr. Addison.*) No, this is the United Kingdom; this takes in the whole of the United Kingdom and that is set out in Recommendation No. 2. "That with a view to encouraging their early provision the Treasury grant towards the cost of the provision of institutes should equal four-fifths of the amount required, up to but not exceeding *l.* per 750 population." Well, then, "Maintenance"; the same rule I thought ought to guide us in regard to the maintenance of dispensaries, and it is suggested there, "That the contribution of the Insurance Committee towards the maintenance of each institute, especially with regard to the salaries paid"—I put those words in because we particularly insist upon men being properly paid—"should be equal to three-fourths of the annual cost, up to but not exceeding a contribution of *l.* per 250 population." Well that as set out comes to 150,000*l.* a year out of the Insurance Act and 94,000*l.* from local authorities for the 300 dispensaries as set out in a table at the end. Now, with regard to sanatoria beds, I noticed that for England in this draft Report of the Sanatoria Committee a recommendation of 4,500 beds.

(*Dr. Jane Walker.*) 6,000.

(*Dr. Addison.*) 4,500. I have got "for England" here. Then, there is also Scotland and Ireland, of course, to come in.

(*Dr. Latham.*) We took it at 6,000.

(*Dr. Addison.*) I thought I was right; 4,500 for England. We want to budget for more beds very possibly, at all events we want to have the money in hand to provide for more beds, so I estimate there for 9,000 beds; that would be one bed for 5,000 of the population at an average cost of 150*l.* a bed. The capital cost provided by the finance committee's contribution is three-fifths. That would amount to *l.* for 55 persons of the population, costing 810,000*l.*, leaving rather more than half a million to be provided by the local authorities. That is set out in the third recommendation, "Sanatoria, A. Capital. That

" the Treasury grant towards the provision of beds in sanatoria should be equal to three-fifths of the cost per bed, up to but not exceeding a contribution of 90*l.* per bed." "The amount available for this purpose is estimated at 1*l.* per 55 population." Then, the same rule guided us in regard to the insured. Three-fifths of the inhabitants of these institutions would be insured persons most likely, because there are separate provisions made for children. Say three-fifths of the cost at 70*l.* per year per bed is 42*l.* per bed, that is 378,000*l.* in all. Leave to the local authorities the remainder, 252,000*l.* That is set out in Recommendation 3 (B.) "Maintenance. That the contribution of the Insurance Committee towards maintenance of sanatoria beds should be equal to three-fifths of the annual cost per bed, up to but not exceeding a contribution of 42*l.* per bed. The amount available for this purpose is estimated at 1*l.* per 123 of the population." Well then, I put here inspection beds and beds for advanced cases. Well, there again the Draft Report seemed hardly to embody, I am sure, what had been in my mind that we had agreed provisionally at our previous meetings, and that is that at these dispensaries, at all events, in many places, there should be a number of beds for observation of cases, and 10 was the number suggested, and you will see that in the early pages attached to this table I have set out these beds at page 3 per dispensary unit 30 beds, that is in the rate of 1 per 5,000, 10 for inspection and 20 for advanced cases. That embodies practically the provisional conclusions, at all events, at which we arrived at our early meetings. We want quite 9,000 beds of this character. If we now turn to the table, 3,000 inspection beds, that would be 10 for each dispensary and 20 beds for advanced cases in each dispensary unit, that would be 6,000 of them altogether. Then we have recommended, I take it, we shall make a strong point of it that as far as possible they should be in existing institutions, hospitals, small-pox hospitals or houses, converted houses or anything that may be handy and suitable, and therefore, I think, we should deliberately keep the cost per bed low so as to induce local authorities to use existing institutions, so I put the capital cost per bed at 240*l.* The Committee may think that rather low, but I did it deliberately, and you will see we have a very handsome balance on the Treasury grant, so that we can afford, if necessary, to make it more. Well, a contribution of three-fifths of that would be 1*l.* per bed to 200 of the population, that is 216,000*l.* altogether, 144,000*l.* for local authorities.

(*Dr. Leslie Mackenzie.*) Is this including Scotland?

(*Dr. Addison.*) Oh, yes, the whole is the United Kingdom. Three-fifths of the cost. I have suggested throughout they should contribute three-fifths; the Insurance Committees should contribute three-fifths to the cost of these beds. Well, I reckon every one, to be the same, interest and sinking fund, will not have to pay so large an amount for that sort of thing, so that probably if you said 50*l.* per bed per annum it would be a fair estimate of what they would cost. Three-fifths of that, of course, is 30*l.* per bed. That would be 250,000*l.* to the Insurance Committee and 180,000*l.* to the local authorities. This is set out in Recommendation 4, *a.* and *b.* The Treasury grant towards the provision of beds, the inspection and observation of cases under the Medical Officer of Tuberculosis Institute, and for advanced cases should be equal to three-fifths of the average cost per bed, up to but not exceeding a contribution of 24*l.* per bed. The annual amount available for this purpose is estimated at 1*l.* per 208 of the population. That is on the third sheet of the printed thin paper. Then maintenance. That is similarly set out for maintenance. The contribution of the Insurance Committee there shall be 30*l.* per bed. "The amount available for this purpose is estimated approximately at 1*l.* per 120 population." Well, then, there is another important point which did not seem to me to sufficiently figure quite in our Draft Report, and that was the line of the general practitioner to this scheme, and taking the figures which have been provided by our dispensary sub-committee and those which have been sent in, the number of deaths in any district which required treatment in any particular dispensary

will for the sake of finance, of course we want to make an outside estimate, so we reckon it at four times; so that in each dispensary unit was 150 persons. But the death-rate is 1 per 1,000. That would mean 150 deaths per annum per dispensary unit; four times that is 600, so that I have estimated that 600 persons would require treatment per dispensary unit per annum. Now we must allow something for the domiciliary treatment of these persons, by the general medical practitioner in association with the medical officer of the institute or dispensary. Well, roughly, I thought if we allowed 1*l.* a head, and how it would be distributed no doubt would be a puzzle for the Insurance Commissioners and other people to decide.

(*Dr. McVail.*) Per sick person; per tuberculous person?

(*Dr. Addison.*) Certainly, 1*l.* per tuberculous person. They would not all require treatment by the general medical practitioner. Some of them would go to the sanatorium, and some would be in the advanced beds, because there would be a number of advanced beds for advanced cases.

(*Dr. McVail.*) Did it strike you to work out how that would come out as an addition?

(*Dr. Addison.*) It did, sir, I worked all that out, and I also worked out how much each general practitioner would get, and it would go into details which I thought would be hardly suitable on this particular paper. But I thought it would be a very considerable inducement, allowing 1*l.* per head for a person affected by tuberculosis. That would be 600 per dispensary unit; that would be 180,000*l.* received on the Maintenance Table in the United Kingdom at 1,000*l.*, that is 45,000 deaths, multiplied by 4, that is 180,000. Now, several of these people, of course, the poor law authorities find places for, and so forth. I do not think I need estimate more than about three-fifths would fall on the Insurance Committees. I have provisionally estimated it at three-fifths falling on the Insurance Committees. That would therefore provide 108,000*l.*, leaving the local authorities 72,000*l.* Now, if you add up all these maintenance columns, you will see that the amount to be provided by the Insurance Committees is 906,000*l.* Well, now, the amount available under the Insurance Act is 882,000*l.*, so there is a deficiency, so far as it goes, of 20,000*l.*, but I think in truth that it will be some years before they will be required to spend all that money with respect to the maintenance of these beds. They will not get the 9,000 sanatorium bed for some time to come, if they are ever required, so that the 78,000*l.* provisionally put aside for the maintenance of these beds in the sanatoria certainly will not be required for some years. They have plenty of money for some years to come. By that time the number of insured persons should be very much more than sufficient to meet the 20,000*l.* we shall require to balance these two items, so there is not a deficiency really from the start. Then, with respect to the capital, the other item which we have not gone into in any detail is the case of children's beds. Now, in Sir George Newman's report he put down 250 medical beds and 2,000 surgical beds, of course, for England and Wales, and he estimated that they cost 150*l.* a bed. We will put aside the provision with the figure of 200,000*l.* The proportion for England and Wales and Ireland and Scotland would be 160,000*l.* for England and Wales and 40,000*l.* for Scotland and Ireland; that would make up 200,000*l.* I was not able to make any suggestions as to how it should be spent between Scotland and Ireland; it should be left to the Boards of Education in those countries respectively to determine.

(*Dr. Leslie Mackenzie.*) Is it meant for school children alone or for all children?

(*Dr. Addison.*) For school children alone. Well, I take it, then, there the educational authorities will decide what they mean by school children, but there will be considerable elasticity.

(*Dr. Leslie Mackenzie.*) It does not matter; it will be quite as good for the purpose either one way or the other.

(*Dr. Addison.*) This the fifth clause: "That a Treasury grant of 160,000*l.* be made towards the provision of 250 medical and 2,000 surgical beds for tuberculosis in children at an average contribution of

" 71*l.* towards the cost per bed." Well, the reason we took 71*l.* as the figure is because, as a matter of fact, if you multiply these beds by 71 you find it comes to 160,000*l.* It makes it fit, that is all; it is approximately half what the beds will cost; probably in some cases they will cost rather more and in some cases they will cost rather less; "That the grant be administered by the Board of Education"; then, "That a Treasury grant of 40,000*l.* equivalent to the grant for England and Wales on a basis of the population be set aside for Scotland and Ireland for the provision of approved institutions for the treatment of tuberculosis in children." That means a surplus on the Treasury grant of 214,000*l.*, which could be used for farm colonies, provision of convalescent homes, and what not, as may be ultimately required. These figures have been worked out, therefore, in order to apportion relatively the one and a half million pounds provided by the Finance Act of 1911 and the money which will be at the disposal of the insurance committees, namely 882,000*l.*, and in this thin sheet they are set out in a series of recommendations without giving ourselves away as to the aggregate figures on which these proportions are based, and I should suggest that these recommendations or something of the kind might be embodied in our Report without committing ourselves to the details of the full figures on which they are founded.

(*Chairman.*) Gentlemen, I do not suppose we can face these financial things to-night, and I really, on purpose, brought them on early because a great deal of material was in view. I thought Dr. Addison had better explain to us what he has put before us. If there are any questions which any member of the Committee desires to ask perhaps he would ask Dr. Addison about them, and to-morrow we might discuss them, having had the night to discuss them and sleep over them. So that if there are any points on the papers which he has before you which are not quite clear perhaps you would ask him.

(*Dr. Mearns Fraser.*) Is it in order to put a question now as to a dispensary, which has already been established? Is that authority to have the payment made on this basis that is used for insurance purposes? Take the case now of several towns in the country which have already established institutions for dealing with persons subject to consumption. Well, now, they will need to be enlarged possibly to a certain extent or the staff enlarged to deal with the insured persons. Is it proposed to make these grants retrospective or not?

(*Dr. Addison.*) What do you mean by "retrospective"?

(*Dr. Mearns Fraser.*) A grant towards what has already been expended.

(*Dr. Addison.*) I should say that money would be at the disposal of the authority of the area and they would have to use it. I think you would find very few authorities disposed to pay bills which somebody else has already paid.

(*Chairman.*) You mean more for the capital?

(*Dr. Mearns Fraser.*) I have not explained myself quite clearly. Take an instance, take Portsmouth, they have spent there on a dispensary 400*l.*, which will be largely taken advantage of by insured persons.

(*Dr. Addison.*) The local authorities have spent that?

(*Dr. Mearns Fraser.*) The local authority have spent that. Will they be entitled to a certain amount to be paid to them back for what they have expended, otherwise, if they had not done it already, they would have to expend it now.

(*Dr. Addison.*) I should think they probably would; they would have to submit these proposals to the Local Government Board and the Treasury under the Act.

(*Chairman.*) That is not for us to decide really.

(*Dr. Mearns Fraser.*) Otherwise it would amount to a fine on all authorities who have done their duty?

(*Dr. Addison.*) I know who are starting; they would have this money at their disposal. I have no doubt the Local Government Board and the Treasury would be perfectly willing.

(*Chairman.*) I think in a general way they apportion, and the Local Government Board and the Treasury would have to settle who is to get it. Are there any other points arising out of finance? If not.

might I suggest that to-morrow we should go through the Report, but if there are any points which you wish to raise, or any drafting points, it would be of the greatest convenience to Mr. Clarke and myself, and I think it would help us, it would accelerate our proceedings, if you could let us have those suggestions, the points you wish to raise, the criticisms this evening, so that we can put them together, otherwise it is very difficult going along if one does not know what points are to be raised. There may be two or three different people who want to raise the same point, and they hit upon a different paragraph on which they propose to raise it, so I suggest you should let us have at 4, St. James' Square, by 8 o'clock this evening, your suggestions. I am afraid it is not giving you very much time, but, after all, most of the members of the Committee have studied the Report quite sufficiently to have it quite clear in their minds what issues they would like to raise. Therefore, if they could let us have those suggestions at 4, St. James' Square, by 8 o'clock this evening, it would expedite matters to-morrow.

(*Mr. Stafford.*) I should be glad if the Committee could make some special recommendation in regard to children in Ireland. We have no medical inspection of schools, and no form of treatment of children, and with the amount which has been mentioned here, 20,000*l.*, it would be absolutely useless. We have no rate-aided schools. Whatever has to be done would have to be done by some special grant, and I wish the Committee would take into consideration the special circumstances of Ireland, and the fact that there is no form of medical inspection and no form of treatment and no rate-aided schools. So if they could come to some arrangement by which they could make a recommendation that this bit should be specially considered, and that the Irish Government should be enabled to deal with it, I think it would be a very great advantage to us, and I do not see how we are to progress without it. If you gave us 20,000*l.* for this purpose to-morrow, we should not know how to spend it. The local authority would have nothing to do with the schools, therefore the 20,000*l.* which you gave us to-morrow, which Dr. Addison proposed we should have here, would, so far as I understand, really embarrass us.

(*Chairman.*) If it is convenient we will meet to-morrow at 10.30 a.m.

Adjourned till to-morrow, at 10.30 a.m.

(Private and Confidential)

(Uncorrected Proof)

TUBERCULOSIS COMMITTEE.

FIFTH DAY

Tuesday, 2nd April, 1912.

PRESENT.

MR. WALDORF ASTOR, M.P. (*Chairman*),
presiding.
MR. CHRISTOPHER ADDISON, M.P., M.D.
MR. N. D. BARDSWELL, M.D.
MR. DAVID DAVIES, M.P.
MR. A. MEARNES FRASER, M.D.
MR. A. LATHAM, M.D.
MR. W. LESLIE MACKENZIE, M.D.
MR. J. C. McVAIL, M.D.
MR. W. J. MAGUIRE, M.D.
SIR GEORGE NEWMAN, M.D.
MR. JAMES NIVEN, LL.D. M.B.
MR. MARCUS PATERSON, M.B.
MR. R. W. PHILIP, M.D.
MR. H. MEREDITH RICHARDS, M.D.
MR. T. J. STAFFORD, C.B., F.R.C.S.I.
MISS JANE WALKER, M.D.
MR. J. SMITH WHITAKER, M.R.C.S.
MR. F. J. WILLIS.

MR. ORME B. CLARKE (*Secretary*).

ALSO PRESENT

DR. THEODORE THOMSON, C.M.G., M.D., of
the Local Government Board.

(*Chairman.*) Gentlemen, I propose to-day to go through the draft report, which you have before you, but before starting on that, I want to ask Dr. Latham to raise a point which came up last night during the meeting of the Sub-committee on Dispensaries; it is a point which, I think, ought to be discussed.

(*Dr. Latham.*) It is a point concerning the chief medical officer of the dispensary, and the chief medical officer of the sanatorium. I think we are all agreed that the success of this scheme, from a practical point of view, is going to depend on the character of the men that we get in those two positions, and my experience has been that in too many institutions of that kind a man is not able to do his best work, because he is interfered with unduly by the various committees which are associated with the place at which he is appointed, and I am rather afraid that possibly when this scheme is in working order we may not get the best men, or if we do, in the first instance, get the best men, they may be disheartened from similar causes, and I should like to see something in this report which would show that the question of the type of men that we are going to have is very important, and that the local bodies should not have absolute and complete control, whether with regard to his appointment, or the conditions of his appointment, or the question of his dismissal. I understand that it would not be advisable to put the things in the report in too concrete a form. I do not wish to convey to the local bodies that we do not trust them with regard to the appointment; at the same time, in the Insurance Act there is a clause which shows that the Local Government Board is responsible; and can make itself responsible, with regard to these questions, and I would suggest that some phrase should be brought into the report stating that the Local Government Board should exercise some influence, not only with regard to the initial appointments, but that by inspection, and so on, it should continue to exercise a controlling influence on the other matters to which I have alluded.

(*Mr. Willis.*) Mr. Chairman, I agree entirely with what Dr. Latham has said, and I also agree that it is very undesirable for this Committee to lay down any very definite rules as to every appointment with the approval of the Local Government Board, or anything of that nature. I think, with Dr. Latham, that for this Committee to suspect these local bodies openly in that way would be open to considerable objection. Speaking generally, I believe our big authorities, like county councils and county borough councils, do make good appointments. There are, of course, exceptional cases where they do a job, but speaking generally

these big authorities do not, they do get the best man. Now, under the Insurance Act, the sanatorium has to be approved by the Local Government Board, or any other institution, before it can be utilised by an Insurance Committee for insured patients, and—I have not got the Act here—but I think there is a clause saying that the Local Government Board may attach to any approval that they give. Section 77 (3) says, “the Local Government Board may make it a condition of any approval to be given, or grant of money to be made under this part of this Act, that the Board shall have such powers of inspection as may be agreed.” And then the preceding sub-section says, “Any approval given by the Local Government Board may be given for such term and subject to such conditions as the Board may think fit, and the Board shall have power to withdraw any approval which they have given.”

Now, it rather seems to me to follow from that that the Local Government Board will have to organise some sort of inspection of these institutions, whether sanatoria or other institutions, and that one of the most important points that an inspector would have to consider when making an inspection would be whether the staff are allowed to work properly, whether they are a proper staff, whether they are allowed to work properly, without trammels and so on, and if it were found that the staff was incompetent, or was being harassed in any direction, the Local Government Board would have plenty of power to put pressure on the county council, or the county borough council, to amend its ways. In the last resort, of course, it could withdraw its approval.

I think it might be useful that the Committee should, in a general paragraph, indicate the desirability of such an inspection, and keeping an eye on things like that, but not that the Committee should say every appointment should be made subject to the sanction of the Local Government Board, and that the Local Government Board should have a veto in regard to salaries and tenure of office, and all that kind of thing. I think, to start with, that would hinder the work, rather than assist it.

(*Dr. Niven.*) Would it suffice to insert section 77 (2 and 3) at the end of XX?

(*Mr. Willis.*) I do not at all mind where it goes. Do you rather agree with that, Dr. Niven?

(*Dr. Niven.*) I think so; I think it is quite safe so far as big towns are concerned.

(*Mr. Willis.*) Of course, we are only thinking of very big areas.

(*Dr. Niven.*) Quite.

(*Dr. Paterson.*) In what way would the Local Government Board exercise power, because, at the present time, supposing a body dismissed their medical officer of health, and the Local Government Board write and say you ought not to have done that, and they write back and say it is too late now he has gone, and the Local Government Board then approve of the next man appointed, I mean what can they actually do if they are not satisfied that the dispensary is not being run properly?

(*Mr. Willis.*) I should suggest, that in that case, possibly this Committee might say that it is desirable that any such officer shall not be dismissed, except for misconduct, only on less than three months' notice or six months' notice, or whatever you like, and that when the notice is given, a copy of the notice should be at once sent to the Local Government Board, so that the Local Government Board would have the three or six months in which to investigate the matter before the officers have actually ceased to serve. We have done that with regard to the medical officers of health of the smaller sanitary districts. We have required that, when they dismiss a man by notice, they shall at the same moment send to the Local Government Board information that they have given this notice of dismissal, the idea being that we have then got three or six months in which to investigate the matter, that would meet your point, would it?

(*Dr. Paterson.*) Yes, I think so; in fact, do not the Local Government Board at the present time? I understand that the medical officer of health cannot be dismissed without their consent, without the nominal consent.

(*Mr. Willis.*) That is not so as regards all medical

officers of health ; some medical officers of health are appointed for life.

(*Dr. Paterson.*) That is what I mean ; the head man.

(*Mr. Willis.*) Some are, I cannot say off-hand what proportion are appointed for life, but these men were appointed for life subject to the Regulations of the Local Government Board, that is the case in which the salary is partly paid out of taxes ; those men cannot be dismissed without the sanction of the Local Government Board, and a large number of the medical officers of health are appointed for a period, perhaps for five years.

(*Dr. Niven.*) And even those who are appointed for life are subject to dismissal without reason at three months' notice nominally.

(*Mr. Willis.*) No, Dr. Niven. It might be so in the case of a county borough council who do not get any sanction from the Local Government Board, but find the whole of the salary themselves.

(*Dr. Niven.*) I mean that.

(*Mr. Willis.*) But in all cases where the man is appointed for life, and a part of the salary comes out of central funds, then the local authority cannot themselves dismiss the man.

(*Dr. Niven.*) But, in the great majority of cases it is so, is it not, those appointed by the large county boroughs who get nothing from the Local Government Board, they are usually dismissable at three months' notice without reason given.

(*Mr. Willis.*) Yes, but, as matter of practice, one finds that they are practically never dismissed, are they not ?

(*Dr. Niven.*) Quite, that is so.

(*Mr. Davies.*) In the case to which you refer, Mr. Willis, the Local Government Board is responsible for a certain portion of the salary, is not it ?

(*Mr. Willis.*) Yes.

(*Mr. Davies.*) Of the medical officer, and therefore the case which we have been discussing is not entirely analogous, is it.

(*Mr. Willis.*) No, but Mr. Clarke points out our lever in the matter is the withdrawal of our approval, which is a very powerful lever.

(*Dr. Paterson.*) And it is accompanied by money, the approval in this case.

(*Mr. Willis.*) Well, of course, the money grant, the grant out of the 1½ millions will be given when the capital is being spent. The other money, of course, would be the money they get from Insurance Committees for treating insured persons. They could not go on getting that money if we withdraw our approval.

(*Dr. Meredith Richards.*) There is another safeguard, that the arrangements have to be to the satisfaction of the Insurance Commissioners, and they would not regard the staff of a dispensary as satisfactory ; there is a double check.

(*Dr. Leslie Mackenzie.*) I may mention that in Scotland no medical officer or sanitary inspector appointed by the local authority under this, that is the Public Health Act, or any of the later Acts, shall be removable from office, except by or with the sanction of the Board. That applies absolutely to all medical officers of health in Scotland, big and little, all medical officers whatsoever. Other officers, that would be a complete parallel to the sanatorium officer, are medical officers ; I think they are called the medical officers of poor houses, under the poor law. These are also irremovable from office except with the sanction of the Board. A third officer, that comes under the same category, is the analyst under the Food and Drugs Act ; his appointment must be approved, and that is the same with the English.

(*Mr. Willis.*) Just the same.

(*Dr. Leslie Mackenzie.*) Must be approved, and his dismissal must be approved. These are three officers at least. The real parallel, of course, is the medical officer of a poor house, therefore, in Scotland, I should not think that the proposal to make it quite definitive ; that the superintendent of a sanatorium should be removable only by the sanction of the Local Government Board would be regarded as any innovation whatever—it would be welcomed probably, at least it would not be resisted by local authorities. On the other hand, I gather that under the terms of the approval of sanatoria, and other forms of Sanatorium benefit, that you have got to maintain the approval, as it were, by inspection.

It would be difficult to insist on maintaining the approval of sanatoria unless you had some sort of definite hold. Personally, I doubt whether the suggestion that Mr. Willis has made as to appointments, and so on, would, with us at least, count for very much. I am afraid that the tendency would be just as Dr. Paterson suggests: dismiss a man, appoint another man, the thing is at an end; you might remonstrate, but that is what it comes to. In the case of parishes we find that, because the appointment of a medical officer to do outdoor parish work in Scotland does not carry with it any security of tenure and the men are dismissed by the parish council absolutely without any appeal whatever sometimes causes great hardship to the men. In Ireland, as I understand, there is security of tenure for all those officers.

(*Mr. Willis.*) I should feel, if we were dealing with very small authorities, that there is a necessity to have very definite rules and make the approval subject to sanction and everything, but we are not dealing with these very small authorities. We contemplate that the county council, or the county borough, or even combinations of these bodies, shall be the unit, and my experience in England leads me to say that there is not much danger of bodies like that doing the thing that you fear. The central government is always being grumbled at for imposing restrictions at every point and you often hear quite good men say, "Well, we will not have anything to do with local government, because we are fettered in every direction; we are allowed no sort of discretion." We do not want to increase the ground for that complaint unnecessarily, and I would prefer to see this scheme started without those fetters. If, later on, they should prove to be necessary, well then they must be made.

(*Dr. Mearns Fraser.*) It seems to me, Sir, that as you have no special qualification for your tuberculosis officer, no statutory qualification, as you have for medical officers of health, you do want some body to approve. No medical officer of health can be appointed unless it is shown he is, at any rate, qualified in public health, and has taken a degree for any such large town, but you have no such stipulation for any officer who may be appointed as tuberculosis officer. He may, provided he can get sufficient interest on the council that appoints him, have no knowledge whatever of tuberculosis, and that may occur, not only in small councils, but in big councils if a man gets sufficient interest to work for him. Therefore, I think you ought to have some body sanctioning the approval, and it ought to be stated that it would encourage authorities to put in proper men if they know that the man appointed must meet with the approval of the Central Authority. And, secondly, the Local Government Board ought to have absolute power to prevent that man being dismissed and not simply the power to put it off to be considered for three or six months. If they have not that power, we know how it works to our cost, in the case of medical officers of health in this country.

(*Mr. Stafford.*) I am sorry to disagree with Mr. Willis about this matter because things in Ireland are quite different to what they are in England and Scotland. Dr. Leslie Mackenzie has stated the law as regards Scotland, and our law is just the same as regards the tenure of office.

Also under the Tuberculosis Act of 1908, which gave to county councils the right to erect sanatoria and to erect these dispensaries. Under that Act Parliament gave the Local Government Board the same rights with regard to determining the qualifications and the tenure of office as it gave under the Public Health Acts, so that, in Ireland, where a county council at the present time has established a sanatorium, you cannot remove the medical officer of that sanatorium without cause being shown, and without sufficient reason, and without the approval of the Local Government Board.

(*Dr. Addison.*) Can you appoint him without that approval?

(*Mr. Stafford.*) No, they appoint him, but they appoint him subject to qualifications which we lay down. Now, I feel very strongly about this question as regards Ireland. I do not want to press it on England and Scotland if it does not suit them, but as regards Ireland, I want to speak quite plainly on the subject. There would be nothing but jobbery in

connection with these appointments; you would not get the right men unless you laid down qualifications, unless you lay them down in the most precise manner. The whole of this Act in Ireland will not work, you will not have the proper man appointed, you will not have any conditions whatever, have any security for the proper men if they are appointed, and whether they be big authorities or small authorities, I want to impress upon this Committee, if that is left open, that this Act will not work in the best way in connection with sanatoria and dispensaries in Ireland.

(*Dr. Smith Whitaker.*) I must say that I should like to support the idea that the Local Government Board should not leave this matter to be dealt with merely by using the very drastic power of withdrawing their approval from an institution for which they have already given their approval, if the inspector reports unfavourably. It seems to me when you have such a drastic remedy as that as your only remedy, it is one you are very reluctant to apply to a medical officer.

(*Mr. Stafford.*) And you would have to apply it when it was too late?—(*Dr. Smith Whitaker.*) And you would have to apply it when it was too late. Then with regard to the argument as to the conduct of the authorities, I must say—as members here know, I have had some experience of this question of the employment of medical officers—there is one thing that certainly I would suggest the Local Government Board should lay down with regard to this matter, and that is that there should be no appointments for fixed periods unless they were probationary periods purely. Every man should be appointed subject to dismissal only on a notice, and not for a fixed period. If there is one thing in this country that has worked hardship it is the system the Local Government Board has allowed to continue in public health appointments, of appointment for one year, for three years or for five years. But we know many of these appointments are annual appointments, and, at the end of the year, an officer can be dropped without notice, without warning of any kind. I had a flagrant case.

(*Mr. Willis.*) That is not so now.

(*Dr. Smith Whitaker.*) Well, it is so with regard to certain officers.

(*Mr. Willis.*) No, excuse me.

(*Dr. Smith Whitaker.*) Some officers still.

(*Mr. Willis.*) As Dr. Smith Whitaker is founding an argument on it, I may be permitted to say that the law at present is this: a medical officer of health, who is appointed for one year, continues in office from year to year without any fresh appointment unless he receives, I think it is, three months' notice to expire on the day. Supposing to-day, the 2nd of April, they appoint a man for a year, they cannot appoint him for less, unless prior to the next 2nd of April they have given that man three months' notice, he goes on for another year, and so on from year to year.

(*Dr. Smith Whittaker.*) But surely the exact legal conditions; at the present moment we are not discussing the appointments of medical officers, except by way of illustration, and the question whether the condition I refer to does actually prevail at the present moment or not does not affect the point that it has prevailed in the past, and been productive of very serious results, and, therefore, we ought not to allow it to prevail in this new connection that the Local Government Board could insist, could exercise every power under section 77 (2), not merely by withdrawing approval when the mischief has been done, but by making it a condition of their approval in the first instance that the appointment could not be made for a fixed period of time, unless that be the case of a purely probationary appointment. There are cases sometimes when it is desirable to appoint for one year on the distinct understanding that that is probationary, and at the end of the time you may continue in office. But these offices should be made subject to notice. I do not think there can be any objection to what Dr. Niven has said. Three months' notice on either side is a very common condition of appointment, and I am not sure that that is not more satisfactory than the Civil Service Commission of appointments for life, subject to misconduct. If people cannot agree it is well for them to part, even though there may be no question of misconduct, but there should be a definite notice required before an appointment is determined.

and there should be an appeal to the Local Government Board if the officer feels that he has been improperly dealt with. Those conditions, I suggest from my experience, certainly would be necessary, and I cannot see that there would be any objection, as long as it is known that it is a perfectly general Regulation. It is not as if you were applying it particularly to one authority rather than another. If it is laid down as one of the Regulations of this appointment, I do not think there will be any objection to this.

(*Dr. McVail.*) I think, in addition, that the body to which the appeal should be made ought to include definitely medical representation; I think it should not be wholly an appeal to a mere body of laymen, and it should not be only an appeal to a body in a position to take medical advice; it should be an appeal to a body containing a medical element.

(*Dr. Addison.*) It gets to bed rock on this particular question. Unless we get good and competent men at these dispensaries the thing falls. There is no question about it I am sure. Certainly some authorities who probably have these appointments, who would be open to a good deal of social and personal pressure apart from the consideration of the professional merits of the particular candidates, and unless we appoint men for this job who are specially qualified *qua* tuberculosis, the thing breaks down, and we stock our sanatoria, very likely, with people who have not got phthisis at all, or at all events send them there, and they ought to be rejected by the sanatorium officer, and so, of course, land ourselves in endless difficulties and needless expense. I suggested some time ago in conversation, I remember, to Mr. Willis, the setting up of a board of advisers, or something of that kind, to advise as to these appointments, making a sort of short list, but he did not think that would be quite acceptable altogether, I gathered from him, and I quite appreciate his point at the Local Government Board, and I think many of us have said so in different places. We do not want them to interfere any more than we can help, but at the same time it is so vital to the whole of this matter that we should have proper men, thoroughly trained and competent, appointed, that I think we certainly ought to lay down that they must come up to a certain standard of experience and qualification, and that their appointment must be subject to approval, whether by a board of advisers appointed by the Local Government Board, or the Local Government Board itself; I am not competent to express an opinion at the present moment, but certainly I think it ought to be subject to approval by somebody in the centre, who should lay down a kind of qualification which these men should possess. I think, unless we have that, we shall find ourselves saddled with a large number of men who will be there for various reasons, amongst those reasons, not for their competence in tuberculosis.

(*Mr. Willis.*) Can this Committee, in language, lay down any qualifications that these men should possess? I think it would be useful if they could; I think it would be useful for local authorities.

(*Mr. Stafford.*) Might I just read the section of the Prevention of Tuberculosis (Ireland) Act, 1908?

"(5) A county council shall, for every hospital or dispensary established by them, appoint—

"(a) a medical superintendent having the prescribed qualifications at such salary as may be approved by the Local Government Board; and

"(b) such nurses having the prescribed qualifications, and other officers and attendants, as are necessary for the requirements of the hospital or dispensary, at such respective salaries as the county council think proper,

and may dismiss any person so appointed as they think fit, excepting the medical superintendent, who shall not be dismissed without the concurrence of the Local Government Board."

(*Mr. Willis.*) And you prescribe the qualifications?

(*Mr. Stafford.*) And we prescribe the qualifications in these cases.

(*Mr. Willis.*) What are the qualifications for a medical superintendent?—

(*Mr. Stafford.*) Well, roughly, that he should have a certain amount of experience in the sanatorium treatment. We have laid it down that—though we have not absolutely published it—that a medical man taking charge of any sanatorium should have at least six months' experience in a sanatorium.

(*Sir George Newman.*) I doubt, Sir, whether we really need do more than make a suggestion from this Committee for the consideration of the Local Government Board, under Section 77 (2). The sub-section reads: "Any approval given by the Local Government Board under this part of this Act may be given for such term, and subject to such conditions as the Board may think fit and the Board may have power to withdraw any approval which they have given." I doubt if we can do more than make a strong recommendation from this Committee, to the Local Government Board on two points; first, that among the conditions which the Board should think fit to prescribe as conditions of approval, there shall be included some control, direct or indirect, over the appointment of suitable persons as officers of these two institutions, and in the second place that our recommendation should include such particulars as we decide round this table to-day would be appropriate as conditions in regard to the qualifications of such persons. I believe if we do those two things we should strengthen the hands of the Local Government Board, if I may say so respectfully, and give them quite a clear indication of our firm conviction of the importance of qualifications and suitability in these two posts, and they would be able to draft such conditions and state them as conditions of their approval. Under this sub-section I doubt if they can go further than that, but I should like, for myself, to see the Committee go quite as far as that, and state very clearly and definitely their views on these two particular points. I believe, if we go further than that, we should only be suggesting something which would be *ultra vires*.

(*Chairman.*) I am to suggest that Sir George Newman, during the luncheon interval, should draft a section, in consultation with Mr. Willis and Dr. Latham, and put it before us this afternoon. I think, probably, that would be the best course.

(*Sir George Newman.*) You mean draft a suggestion to the Local Government Board?

(*Chairman.*) To go into this Report.

(*Sir George Newman.*) I quite agree, a section for the Report.

(*Chairman.*) A section for the Report.

(*Dr. Niven.*) I may say I quite agree. I had written down precisely the same suggestion, that the officer to be appointed should be approved by the Local Government Board, after due enquiry. That amounts to the same thing as the first part of your suggestion.

(*Chairman.*) I think we may leave it to Sir George Newman to draw up something, during the luncheon interval, to go into the Report.

(*Mr. Willis.*) Just before we leave that point I only want to say one thing. I am sure many of the small authorities do misbehave themselves with regard to appointments and other things that Dr. Smith Whitaker complains of, but I am not aware of any county borough having dismissed a man vexatiously. I do not know whether anybody here has?

(*Dr. Mearns Fraser.*) It is more the appointment.

(*Mr. Willis.*) Either vexatiously or capriciously.

(*Mr. Willis.*) Well, of course, men vary, but I do not think, speaking generally, they have appointed unsuitable persons.

(*Sir George Newman.*) They have not always appointed the most suitable persons.

(*Mr. Willis.*) It is a question of opinion who is the most suitable.

(*Dr. McVail.*) It is necessary, for example, that the man should have a diploma in public health in England.

(*Mr. Willis.*) Oh, yes, he must by law.

(*Dr. McVail.*) For all appointments?

(*Mr. Willis.*) No, not for county boroughs.

(*Dr. McVail.*) Yes, but otherwise not. Of course in Scotland, a public health qualification is necessary for every appointment of medical officer.

(*Dr. Addison.*) I think we ought to bear in mind that in a good many of these places like Middlesex there are some very large urban districts, not county boroughs, but at the same time they fancy themselves as important as a great many county boroughs. Take places like Willesden, for instance, where there is a large population of no doubt very important people; they would certainly want to have a say in the

appointment of a tuberculosis officer, perhaps of their dispensary. Whatever the arrangements may ultimately made I could quite imagine, not this particular place but in places of that character, that the high standard which has been set by county councils might not always be maintained.

(*Mr. Willis.*) I do not know how Mr. Davies looks at this question, because, of course, this question will affect voluntary organisations as well as local authorities. For instance, if the Welsh Memorial Association appointed a man, I do not know whether they would like his appointment to be subject to the approval of the Local Government Board, whether they as a voluntary body would like to have their power to dismiss him taken away and that sort of thing.

(*Mr. Davies.*) I think that is a point that would have to be considered very carefully; I am not prepared to give an answer straight off now.

(*Mr. Willis.*) Of course, it would not only affect you, it would affect other people who have sanatoria.

(*Mr. Davies.*) It seems to me that one difficulty is this, that in these cases the Local Government Board would not contribute towards the salary, the salaries of these officers, and that they are not in the same category as the medical officer of health.

(*Mr. Willis.*) I quite agree.

(*Sir George Newman.*) But they do not contribute to them.

(*Mr. Willis.*) Oh, yes, they do Sir George, in every case except that of a county borough.

(*Sir George Newman.*) No, surely I am correct; they do not contribute; they allow contributions from county areas; no money goes from the Local Government Board.

(*Mr. Willis.*) Pardon me, it does really, prior to the Act of 1888—

(*Sir George Newman.*) I am sorry if I did not make myself definite; in the form of a grant.

(*Mr. Willis.*) Yes, it does really. Prior to the Act of 1888 for a number of years there was provided out of the Consolidated Fund part of the salaries of medical officers of health. On the passing of the Act 1888 the whole of these monies were handed to the county council with the obligation to be the channel of communication, but they are bound to be the channel of communication, and historically the money is Government money, and if the Local Government Board withdraw their approval from an appointment that money cannot be paid over. It is Government money to start with.

(*Sir George Newman.*) Historically?

(*Mr. Willis.*) Historically.

(*Mr. Davies.*) That is the grip you have in making these people do their duty.

(*Mr. Willis.*) Quite.

(*Sir George Newman.*) You have just the same here in section 77, you have the money *nexus* at the back. No money is available surely unless you have the approval of the Local Government Board.

(*Mr. Willis.*) Mr. Davies' point is, it is not Government money.

(*Mr. Davies.*) It is not Government money, it comes from the contributors out of the Insurance Act.

(*Sir George Newman.*) The one and a half millions in Government money.

(*Mr. Davies.*) That is given for the buildings, and that has been already spent.

(*Sir George Newman.*) True, but it comes under the approval of the Local Government Board.

(*Mr. Davies.*) But it has been already spent.

(*Dr. Addison.*) You will want some more.

(*Sir George Newman.*) I am only putting it quite generally. There is surely the money incentive at the back of this clause.

(*Mr. Davies.*) But you could not bring the whole of the organisation to a standstill simply because there happened to be a difference of opinion between the Local Authority and the Local Government Board about the particular appointment; you would not bring the whole of the administration of the sanatorium to a standstill.

(*Sir George Newman.*) I doubt if the whole of the sanitary administration of any area has been held up on the question of the appointment or otherwise.

(*Mr. Davies.*) It is in the case of these medical officers of health I think, because the Local Government Board refused to grant the proportion of salary which they paid, and they have withheld that salary and there have been cases where the Local Authority has gone on paying their proportion of the salary and the medical officer has not received any proportion from the Government, and would not that apply in this case.

(*Sir George Newman.*) Can you give us any cases of that character.

(*Mr. Willis.*) That has actually happened, that is to say they have appointed a medical officer of health at 40*l.* a year, who is a general practitioner, and he just adds that as a little job to do in connection with his other work. If the appointment is sanctioned by the Local Government Board 20*l.* out of that 40*l.* is provided from the Government through the county council. If the approval is withdrawn, that 20*l.* does not go to the officer, but in one or two cases only that I remember he has continued for years at the 20*l.*

(*Sir George Newman.*) On the local rate?

(*Mr. Willis.*) Suffering to the extent of 20*l.*

(*Sir George Newman.*) In other cases the other 20*l.* has been found out of the local rate.

(*Mr. Willis.*) In other cases they said "we will do without your approval; we will pay the whole money ourselves."

(*Dr. Addison.*) The amount in question here is considerably more.

Mr. Willis.) Quite.

(*Dr. Addison.*) Suppose the Edinburgh scheme; now what would you say to the question of appointments; how do you think voluntary organisations would tackle it?

(*Dr. Philip.*) I think if we conclude an arrangement such as was suggested yesterday, that the proposal that has now been submitted, would suit us perfectly well, the relationships are so simple and easy with us in the north. May I say, before sitting down, that I cannot help thinking in connection with the whole question, that what has been proposed to come in as an appendix, *quâ* dispensary, so far as the chief medical officer is concerned, will have to come in in a prominent place in the Report, so that we may accentuate strongly the need for certain qualifications. It would be an unfortunate thing if left entirely to the appendix.

(*Sir George Newman.*) Would you find any difficulty in your dispensary in Edinburgh in connection with such control from the Local Government Board of Scotland?

(*Dr. Philip.*) I think not; for the moment we can conclude an arrangement which makes us part of such an organisation up till now.

(*Sir George Newman.*) You have been free up to now?

(*Dr. Philip.*) Absolutely free.

(*Sir George Newman.*) And you would not in any way feel such control uncomfortable?

(*Dr. Philip.*) I cannot see that we could.

(*Mr. Willis.*) Have you been able to get satisfactory officers in Edinburgh?

(*Dr. Philip.*) Oh yes.

(*Mr. Willis.*) They have been men of experience?

(*Dr. Philip.*) We are in the fortunate position of training men.

(*Mr. Willis.*) You train men?

(*Dr. Philip.*) Yes.

(*Mr. Willis.*) And the top man is a well-trained man?

(*Dr. Philip.*) He has been a long while with us.

(*Mr. Willis.*) Does he get 500*l.* or 600*l.* a year?

(*Dr. Philip.*) Not that.

(*Mr. Willis.*) What does he get?

(*Dr. Philip.*) At the present time he is only a partial time man.

(*Mr. Willis.*) He has private practice as well?

(*Dr. Philip.*) Yes.

(*Mr. Willis.*) What does he get?

(*Dr. Philip.*) He gets 100*l.* a year.

(*Mr. Willis.*) And you say that is a satisfactory arrangement?

(*Dr. Philip.*) No, I say it has worked up to the present satisfactorily, but I have suggested strongly the view that a whole-time man is desirable.

(*Mr. Willis.*) What would you have to pay that man

whom you have now, and pay 100*l.* a year to retain his services entirely.

(*Dr. Philip.*) We should have to offer such a man 500*l.* or 600*l.* a year.

(*Chairman.*) I think we can leave the matter now in Sir George Newman's hands to try and draw up a section. I am very anxious, if possible, to get through the Report to-day. You have before you what I call the outline of the Interim Report as altered. It is divided into 16 sections beginning with a preamble, then local authorities concerned and so on. I think we might take the report by sections like that. Might I suggest that any drafting amendments should be sent in to Mr. Clarge on the edge of your printed report; they will have to be considered very carefully. It would be quite impossible to do it here in committee, therefore I propose that only points of substance, important points, not drafting points, not merely verbal alterations, should be raised. Now on the first, what I may call the preamble I. to VIII., may I ask the Committee if there are any points of substance which they would like to bring before the Committee.

(*Dr. Addison.*) There is one point of substance, sir: we do not definitely put in here what is our first resolution at which we unanimously arrived, that is to say, that we should treat all forms of tuberculosis; no scheme would be acceptable unless it did treat all forms of tuberculosis. It is true it is inferred, but it is not deliberately and expressly stated as our decided opinion, which I think is a most important opinion to be unanimous upon, and one which ought to be very emphatically brought out.

(*Chairman.*) Is not that in section 2?

(*Dr. Addison.*) Oh, no, it is nothing like it. We want to definitely say that no scheme. We indicate there the lines on which a national and a comprehensive scheme may be established, but that is not enough. We want to say that no scheme is satisfactory which does not treat all forms of tuberculosis.

(*Dr. Niven.*) Surely our subject is tuberculosis, not phthisis?

(*Chairman.*) Tuberculosis in all its forms.

(*Dr. Niven.*) In all its forms; it is mentioned throughout, there can be no mistake.

(*Dr. Addison.*) But I think we ought to expressly state it is our deliberate resolution.

(*Dr. Niven.*) You are only making a distinction between tuberculosis, phthisis and other forms.

(*Dr. Addison.*) I did not mention the word "phthisis" I said "all forms of tuberculosis."

(*Dr. Niven.*) Tuberculosis is all forms of tuberculosis.

(*Dr. Addison.*) Why bring in phthisis then?

(*Dr. Niven.*) I mean it is not necessary to say more than simply deal with tuberculosis.

(*Dr. Addison.*) Certainly, but we do not there say that. We indicate the lines upon which a scheme might be suggested for dealing with all forms, but we do not say that no scheme will be satisfactory unless it does deal with all forms.

(*Chairman.*) This is really a drafting point, and you should send in some words.

(*Dr. Addison.*) I will send in some words.

(*Chairman.*) Now are there any other points.

(*Dr. Niven.*) Would it not be a guide to add some such words as these at the end of section VIII.: "Indeed we would call attention to the great variety of ways." What I wish to emphasise is that it is really undesirable that you should tie down authorities to the particular lines which have been laid down, and I would introduce some such words at the end of section VIII. as these:—"Indeed they would call attention to the great variety of ways in which the problem has been attacked or may be attacked." For example, in Birmingham the rule of dispensary and sanatorium has been reversed, cases being sent first to a sanatorium for tuberculin treatment, and afterwards transferred to a tuberculin station with excellent results. In Sheffield the methods pursued are similar to those outlined in this Report. The Committee consider it desirable while maintaining the general framework outlined that considerable latitude should be given in adapting it to different methods of the kind in question.

(*Sir George Newman.*) Do you suggest that these words should come in?

(*Dr. Niven.*) At the end of section VIII., yes.

(*Sir George Newman.*) At the end of section VIII.

(*Dr. Niven.*) I do think it would be a pity that we should tie public bodies, or lay down a suggested framework to tie them down to follow the particular lines laid down. I think it would be a very great pity. You have now made it quite clear that what you favour is a public health centre, a tuberculosis clinical centre, and a sanatorium connected system, not to tie public bodies to follow the system. There is another reason why one should. You see in Birmingham they simply hide their dispensary altogether except in so far as the tuberculin station is concerned.

(*Chairman.*) But may I just interrupt; that is going back on the Report. We have discussed the machinery: if we are to assert at the outset that we consider it essential that we should have a dispensary and then a sanatorium, and the other things; but that we specially name Birmingham, where the process is revolved, surely we are going to condemn our proposals from the very start.

(*Dr. Niven.*) Not at all, that is just what I was saying, that you can maintain the framework which you have laid down, but within that framework very considerable latitude should be allowed in carrying out your wishes.

(*Dr. McVail.*) It makes no fundamental change in the idea, Mr. Chairman, of what Dr. Niven is proposing; it is only a matter whether we start with one part of your tuberculosis machinery, or another; it all comes to very much the same in the end.

(*Sir George Newman.*) I think what we want to do in the early part of the Report is to make some general statement. I felt so, for I was reading it in proof the other day, and I felt so yesterday when Dr. Niven was addressing us. It seems to me that the earlier report rather lacks what one may call recognition of the admirable work which is being done in certain areas by sanitary authorities and other bodies. What I should like to see in the Report is some such paragraph—I do not want now to commit myself to the exact terminology—as Dr. Niven has suggested. I should like to see presented at a fairly early stage in these eight paragraphs, in order that the reader may gather what we have had before us—what in fact we have had before us—not only presented in the form of evidence but presented also in our own experience—an understanding and a full appreciation of all the work that is being done by Sanitary Authorities and other bodies before we come on the scene. I should like to see some such paragraph as that suggested by Dr. Niven inserted somewhere in these eight paragraphs, although I am not quite sure that the end of paragraph VIII. is the best. Then with regard to the particular point which has been raised by his exact phraseology, I think it would be better to have such a statement before the Committee present their own framework rather than after it, to say that hitherto work has been done such as the admirable work in Birmingham and Sheffield and Manchester, and so forth, on such and such lines, but the Committee consider that in future the framework should be broadly as follows: It seems to me that the Report lacks at present—to the outside reader would seem, I think, to lack—an appreciation of the work which has been done hitherto, and I should like to see some examples of it stated as will set out pretty clearly the benefits and the advantages and even the methods which have been hitherto adopted, although we are unable subsequently in the Report to adopt exactly the same framework or methods.

(*Mr. Davies.*) I understand what you want is some form of elasticity.

(*Sir George Newman.*) I am going to secure that, Mr. Davies, by suggesting that Dr. Niven's paragraphs should come on in an early stage in the Report. There I agree with him. What I am not quite sure of is whether it will come exactly at the end of paragraph VIII.

(*Dr. Niven.*) Sir George, we neither want nor need recognition. It is not a question of recognition. The public health work is the foundation of all that you are doing, and it is not a question of recognition at all. It is a question of having it recognised clearly that that is an integral part of the machinery. We do not require any recognition of what has been done, but

what I am now pleading for is a certain amount of elasticity in the methods.

(*Chairman.*) I think we can get it in on VII. If Dr. Niven would send in his words, Sir George Newman, Mr. Clarke and I will see. I think probably we can do it there.

(*Dr. Jane Walker.*) Would it not be best at the end of section IV., before we begin to say what our suggestions are for a successful scheme? If it came in at IVA., because we say it at the end of section V., as requirements for a successful scheme in section VI. At the end of section V., would it not be best there; it really comes naturally there. I think that what Dr. Niven says really should be stated somewhere, and started early on.

(*Dr. Niven.*) I think that would do.

(*Sir George Newman.*) You yourself mentioned these cases.

(*Dr. Niven.*) I did, but that was only in order to show how completely successful a system might be.

(*Sir George Newman.*) At the end of paragraph IV. or VII., as may be found best; you do not mind where it is?

(*Mr. Davies.*) No.

(*Chairman.*) That is what is suggested.

(*Secretary.*) At the end of VIII., running on from the words "United Kingdom," which is about 10 lines down; cutting out the last sentence "The Committee feel that it is of the utmost importance to allow the greatest elasticity, so far as local conditions are concerned, in each of the four countries, especially having regard to the existing agencies available for assisting the campaign against tuberculosis, but they have endeavoured to produce a scheme which will weld together the agencies in the country." I do not know whether that would meet the case.

(*Sir George Newman.*) It fully meets my first point. I do not wish to press my second point, but I do think it would be well that we should state some illustrations of what—whether Dr. Niven admits it or wants it recognized or not—is the admirable work which has been done, and I do want to see some recognition of that in the Report. I think a report which is a sort of dumped down, as if we were starting with a new subject, in which nothing whatever had been done in this direction, without any mention of what had been done, would be a little out of balance.

(*Dr. Niven.*) With regard to that I do agree with Sir George to that extent, that it would be a great guide to public authorities if some of the schemes which have been carried out, such as the Birmingham one, and the Sheffield one, and some of the schemes put forward in the counties were fully printed in the Appendix, so as to form a guide to the local authorities.

(*Dr. Leslie Mackenzie.*) And referred to in the Report.

(*Dr. Niven.*) And referred to in the Report as examples of methods of work.

(*Mr. Stafford.*) I think if you refer to one or two of the authorities, and if you do not refer to a great many others there will be trouble. There will be the greatest possible jealousy if you refer to two Local authorities and do not recognize the work which is done by a hundred others, you would get into trouble.

(*Sir George Newman.*) That is purely a question of drafting.

(*Dr. Leslie Mackenzie.*) We have been referring to the Edinburgh scheme right through, and I do not see why we should not refer to Manchester, Birmingham, Sheffield, or any of the great municipalities.

(*Chairman.*) Might I suggest on IX., in addition to the Medical Practitioners, the existing bodies at present included in greater or less degree, knock out greater or less degree and amplify it. After all we deal with the county council sanitary authorities; others who have been dealing with the problem in the past, and as an introduction, instead of saying in greater or less degree, amplify it to meet the point, that they have been doing a great deal in the past.

(*Dr. Niven.*) It is not a question of recognition, Mr. Chairman, it is a fundamental question of allowing elasticity.

(*Chairman.*) Well the elasticity is met by that paragraph which Mr. Clarke read out. We can get the recognition which Sir George Newman suggests on IX.,

I think; probably that will be the best way of dealing with it.

(*Mr. Willis.*) I think Dr. Thomson wanted to raise one or two points on some earlier paragraph than VIII.

(*Chairman.*) We are dealing with one to eight as a whole.

(*Dr. Thomson.*) I do not quite catch the purport of the proposed addition to the VIIIth section.

(*Chairman.*) Section VIII. as regards elasticity.

(*Dr. Thomson.*) I should like to hear it again. I did not hear the exact words.

(*Mr. Davies.*) The Committee feel that it is of the utmost importance to allow the greatest elasticity so far as local conditions are concerned in each of the four countries, especially having regard to the existing agencies available for assisting in a campaign against Tuberculosis, that they had in view to produce a scheme which will weld together the agencies in each country.

(*Dr. Addison.*) That may be generally applicable; we do not weld them together.

(*Dr. Thomson.*) I think if the Committee are proposing to insert something of that sort they might very well also revise two or three phrases in the VIII. section very considerably, because there are one or two phrases which do not quite co-ordinate with the general idea that we are to have a general scheme. For example, in the second section, among the reasons for an interim report they say that "The Committee deems it of great importance that any steps taken under that Act by any of the authorities or bodies concerned should be such as to be in harmony with and on the lines of the scheme which they desire to recommend." I think that is rather definite. If we are going to recognise the desirability for elasticity; I think that that goes somewhat in the other direction. It should be modified with what we are going to say under the VIIIth section. For example, we might say that the steps taken under that Act by any of the bodies concerned should be in general harmony.

(*Chairman.*) Well, may I suggest that that is really a drafting point. If you would not mind sending it in, I am anxious to get through the Report to-day if we possibly can. If you would send in your copy in red ink.

(*Dr. Thomson.*) That is my difficulty, I am not quite sure where the drafting points come in, and where the questions of principle.

(*Mr. Willis.*) There is a very definite question of principle. Would it not be better to say that all schemes must conform to the lines laid down? If we deem that of great importance, then in future we could not allow one like the Birmingham one, which differs in some respects from the scheme to which we attach very great importance.

(*Dr. Addison.*) I must say I agree with what Dr. Thomson says. I myself do not want to see these paragraphs altered in that particular respect whilst we allow elasticity that it must necessarily be required in counties and scattered districts, and all that kind of thing, yet if we prescribe what we think is in general a suitable kind of scheme, I think as far as possible, we ought to secure that future developments are in harmony with the scheme.

(*Mr. Willis.*) Have we got really definite evidence to show that the Birmingham scheme is defective?

(*Dr. Latham.*) It has not been going long enough to say whether it is effective or defective.

(*Mr. Willis.*) About all these schemes, we have not had very much experience. It is really very early days to be laying down absolutely cast-iron rules, and saying that is the scheme.

(*Dr. Niven.*) And that is all the more reason why elasticity should be allowed within the framework of the scheme.

(*Dr. Leslie Mackenzie.*) Could we accept this amendment without sacrificing anything really which should be in general harmony with the scheme which we desire to recommend? You say here "and on the lines of the scheme"; well, it is the same thing in general harmony. No two places would be absolutely alike, but the general principle will be equally realised.

(*Dr. Latham.*) I would much sooner see, Sir, that the main scheme is kept to, that any local body that wants to depart from that scheme should get permis-

sion. I am very much afraid of various local bodies—you are to give them so much elasticity—doing all sorts of curious things, as they have done in the past.

(*Dr. Leslie Mackenzie.*) Every scheme needs detailed approval, so you can lay down conditions.

(*Dr. Latham.*) That is all I want.

(*Dr. Leslie Mackenzie.*) That is within the Act; it needs approval.

(*Dr. Niven.*) All the work that has been done has been done by going out first in one direction, and then in another.

(*Sir George Newman.*) General harmony, or a large measure of harmony.

(*Chairman.*) We can add “general” in front of “lines” and “and on the general lines of.”

(*Mr. Willis.*) Might I suggest, if Mr. Clarke is going through it, and introducing these revisions, to just keep an eye on that sort of point so that the Report does not seem to be absolutely cast-iron in every direction, that if there is a word that suggests that, that it should be taken out.

(*Chairman.*) Well, gentlemen, are there any other points on this I. to VIII.?

(*Dr. Mearns Fraser.*) Section V., Sir, the commencement. “With regard to the seed of the disease, it is now an ascertained fact that both human and bovine forms of the bacillus of tuberculosis are capable of setting up the disease in human beings.” Is it advisable to put that in?

(*Chairman.*) Is not that accepted?

(*Dr. Mearns Fraser.*) Well, it is not accepted by everybody.

(*Dr. Latham.*) It is accepted by the Royal Commission.

(*Dr. Mearns Fraser.*) Quite so, if you like to put that in as stated by the Royal Commission, I am quite satisfied.

(*Sir George Newman.*) It is ascertained if it be not accepted.

(*Dr. Mearns Fraser.*) It was accepted by the Royal Commission; it is not accepted to everybody's satisfaction in this country.

(*Chairman.*) Nothing will be ascertained to satisfy everybody. I should not say it was universal.

(*Dr. Niven.*) Would it not be better to substitute the word “accepted”; it is the same thing.

(*Dr. Latham.*) It was generally accepted by tuberculosis experts.

(*Dr. Paterson.*) Excepting Koch, and he gave no reasons for not accepting it; he only said “I do not accept.”

(*Dr. Mearns Fraser.*) You cannot ignore the opinion of a man like Koch.

(*Dr. Philip.*) Why not say “generally accepted”?

(*Chairman.*) Yes, generally accepted. Well, is there any other point on I. to VIII.

(*Dr. Thomson.*) Just one further point, Mr. Chairman. It may be drafting or not. In the VIIIth article the draft Report says “That the adequate provision for the prevention and treatment of the disease, should be made available on a systematic basis, uniform in character, but not necessarily identical in detail.” I would suggest that that again is hardly consistent with the modification, and I would rather say that it should be made available on a systematic basis, not necessarily of a uniform character throughout the United Kingdom.

(*Chairman.*) Surely if that is the case, then our Report breaks down. What we have been trying to do is to give a lead to local authorities, as to the general scheme which we think is best.

(*Dr. Niven.*) To give a lead, but we do not dictate to them what they should do.

(*Dr. Addison.*) We are not doing that; we are only suggesting.

(*Dr. Thomson.*) Are we not going too far?

(*Dr. Willis.*) It seems very desirable to give a very definite lead as to what we really think is the fundamental basis, but I also think it is very desirable that the Committee should say that having regard to the experience there has been of those things, and to the growth of knowledge and so on, they do not wish their views to be taken as absolutely inflexible and unalterable; that kind of thing.

(*Dr. Addison.*) That new paragraph says that

(*Mr. Willis.*) Yes, I quite agree with Sir George Newman and the Chairman that it is very desirable to give a lead, but it is also, I think, very important not to say you must follow absolutely these lines. It is rather awkward if this Committee says this is the way you must go and no other.

(*Dr. Niven.*) It would be very awkward if another authority came forward and showed you can do this thing much better and cheaper in another way in a short time if it could not be placed within the bounds of your recommendations. If it is a mere framework, regard it as a frame-work.

(*Chairman.*) I must say I think these are drafting points. We have done our best to try and devise a scheme to the best of our knowledge, and after mature discussion and consideration, and I do say—I think these are really drafting points—that we must stick to the general lines, and merely say that in our opinion they should be uniform in character, and not necessarily identical in detail, and we added some words at the end of the section allowing for elasticity.

(*Dr. Thomson.*) My only point is this: We accept an amendment about putting a new clause about elasticity, but the wording does not seem to me consistent with what we say in the same section. It insists too much on uniformity. I think it would be a great pity if it does insist on uniformity. I take it that these schemes will have to come sooner or later to the Local Government Board to give their approval for institutions probably, and I think we may trust the Local Government Board to be reasonable in their treatment of any scheme that is put before them. I think also that you would handicap the Board. It would be liable to have this report quoted against them. They would say here is a clause saying that the scheme must be uniform throughout the country and the kingdom. The Board will be appealed to on that head. They will come forward with a scheme which is not quite uniform, and if the Local Government Board reject it we are liable to be told we should accept it because this Committee recommends that everything should be uniform.

(*Dr. Addison.*) I suggest, with great respect, to Dr. Thomson that you are not reading that fairly. If you say adequate provision for the prevention and treatment of the disease should be made available on a systematic basis, uniform in character, but not necessarily identical in detail throughout the United Kingdom, and then we go on to say we recognise there must be elasticity, I think if you take the whole body of that, without picking out any particular two or three words, that it is perfectly obvious, that you must recognise within limits, that is to say, it should be uniform in character, and it should be available for every person suffering from tuberculosis, and it should be the best we can do in the condition of the locality, and the class of person in general harmony, as far as possible with this scheme.

(*Dr. Niven.*) Why not say so?

(*Dr. Addison.*) We have said so.

(*Dr. Niven.*) On a systematic basis throughout the kingdom in general harmony with this scheme.

(*Dr. Addison.*) If you put in the word “generally” before “uniform”; “generally uniform.”

(*Sir George Newman.*) The purpose was to secure a large measure of uniformity, otherwise there is really no object in our meeting together here. We are representatives of a large and very wide area, and of quite different bodies, both Government departments, local authorities, Insurance Commission, and so forth, and the very object of our being here is to secure all over the country—Scotland, Ireland, Wales, as well as England—a very large measure of uniformity, otherwise there is no purpose in our Committee. It is to secure that, that we are here. I had a feeling when I read the whole of this draft—I am sure Mr. Clarke will forgive me for saying quite frankly—he worked under enormous pressure and difficulty, and he produced a draft which struck me as a much more wonderful production than anything else under the circumstances; but it does read, in a number of paragraphs, a little stiff, a little too crystallised, a little too fixed; it wants to be, if I may say so, a little more fluid, with a larger possibility for strange and wonderful inventions and contrivance to be worked into the phraseology and

terminology which is used in the Report. But if we are to go through it on the line of taking up every sentence, and saying this sentence does not exactly co-ordinate with some other, I have to submit to you that we are on drafting points. It may be valuable or it may not be valuable, but it certainly is a question of drafting. If the whole of this Report is redrafted and reconsidered by a small special committee of two or three members of this Committee, in order to get it into a more fluid and elastic form, I feel quite certain that both Dr. Niven and Dr. Thomson will be met. I am not feeling at all at the moment that I differ from Dr. Thomson, who is raising points which I do submit to you are drafting points, and it will be the business of the secretary and those who help him to go over this document, and see that each paragraph is made to fit into the rest of the report. That, surely, is what drafting is, so I submit to you these are points which we had much better leave to two or three members of the Committee, and when we have the proof again in our hands, as I suppose we shall in the course of a few days, we shall then be in a position to say whether it has been drafted, or in such a condition that we shall be able to accept it.

(*Dr. Leslie Mackenzie.*) I am afraid that will leave us exactly where we were. The purpose is to give aid or guidance in making arrangements for treating tuberculosis. Now, as to uniformity, I would put it to Sir George Newman, would he consider that Sheffield and Birmingham are within this idea of uniform character in this scheme; they are quite different?—(*Sir George Newman.*) I would leave Sheffield and Birmingham a reasonable period of time, after this Report has been issued, and after the Local Government Board have issued regulations, which may arise directly or indirectly out of this Report; Sheffield and Birmingham and Manchester, and any other authority, in the course of time, to reconsider their arrangements, and see how far they may have modified them in accordance with the suggestions made in this Report, or have absolutely concurred with the regulations made by the Local Government Board. But if we are to get out of this Report something which is to bind the Local Government Board, or the local authorities at once, the moment that it is issued, seems to be a serious mistake.

(*Mr. Willis.*) If that could be said in the Report I should be satisfied absolutely; if the Committee were to say we do not intend to bind the Local Government Board.

(*Sir George Newman.*) I never looked upon the Report as an inspired document, to have statutory force the moment it is published; it is a report of suggestions to the Chancellor of the Exchequer, by whom we are appointed, as to the way we think, rightly or wrongly, the conclusions we have come to.

(*Dr. Leslie Mackenzie.*) That is why one takes exception to the use of such cardinal words as "uniformity."

(*Chairman.*) The whole object of this Committee, and the whole object of our discussions, and the whole object of the scheme in this Report, is that in the opinion of this Committee it is desirable that throughout the United Kingdom there should be uniformity with a certain amount of elasticity.

(*Dr. Leslie Mackenzie.*) In principle.

(*Chairman.*) Of substantial uniformity in principle.

(*Dr. Leslie Mackenzie.*) In principle certainly, but not necessarily in the particular method of realising it, general uniformity.

(*Dr. Addison.*) If we put in front of the word "uniform," "as far as possible uniform in character."

(*Dr. Jane Walker.*) Does "not necessarily identical in detail" cover the whole; it covers everything. Paragraph VIII. strikes me as being extremely good.

(*Dr. Niven.*) I think that quite meets it.

(*Chairman.*) Then there is no other point on I. to VIII. I take it. Then, now on the second point of IX. to XIII.; after all, this is merely a recital as to existing powers.

(*Dr. Jane Walker.*) There is IXA., is there not?

(*Chairman.*) No, IXA. for the moment I do not think we had better consider.

(*Dr. Jane Walker.*) All right, leave IXA. out for the time being.

(*Dr. Addison.*) I should hope, Sir, that although it is convenient for other reas

consider IXA. at this moment is not a point that I should like to leave out of this Report.

(*Chairman.*) IXA., after all, is not a recommendation, it is only just a recognition, and we cannot really recognize unless it is signed, sealed and delivered.

(*Dr. Addison.*) I only raise this plea.

(*Mr. Davies.*) Could we add after voluntary societies, semi-voluntary societies. It is a very small point, but there are some societies which have representatives on local authorities and so on.

(*Chairman.*) I thought probably IX. could be better worded as follows:—"In addition to the medical practitioners and to the voluntary societies, the 'existing,' and then deal with the county councils, sanitary, and so on. I think voluntary bodies, because here we merely recite the powers and positions of the various local authorities."

(*Mr. Davies.*) There are semi-voluntary societies also that are largely represented on the county councils, and these insurance committees when they are set up, so I think that they ought to be included.

(*Chairman.*) Yes. What is a semi-voluntary society?

(*Mr. Davies.*) It is one which is partly voluntary and has representatives on all these different bodies.

(*Chairman.*) Such as what?

(*Mr. Davies.*) Well the Memorial Association for Wales, which is an association having a Royal Charter, and having representatives on all the county councils, and all the county boroughs, and all the insurance committees, and a certain number of co-opted members as well.

(*Chairman.*) Yes, there are these paragraphs which deal with the past existing bodies; you rather have in your mind, if I may suggest so, a future body.

(*Mr. Davies.*) But I think there are other bodies in different parts of the country which also have large representation on local authorities.

(*Chairman.*) Can you tell us of any?

(*Dr. Latham.*) You have sanatoria which have municipal beds.

(*Chairman.*) That is a voluntary society; they merely take two beds a year.

(*Mr. Davies.*) But they have representation on the governing body.

(*Dr. Jane Walker.*) Not always; those are really voluntary.

(*Chairman.*) I think "voluntary" covers it. I do not think that there are any points that anybody would wish to raise on these sections; they are merely a recital.

(*Mr. Willis.*) Is it down to XIII.?

(*Chairman.*) Down to XIII.

(*Mr. Willis.*) Might I suggest you should put in something of what the Metropolitan Asylums Board has done? I can supply the words if you like.

(*Chairman.*) Yes.

(*Dr. Addison.*) I do not know whether it comes in there or later, but I think we should make a little more detailed recognition of what voluntary societies have done.

(*Chairman.*) We have not come to that; that is the next point. Then we come to XIV.: Private enterprise. We thought probably it would be better to call it "Private effort"; that is purely verbal.

(*Dr. Addison.*) Voluntary associations; you have got here "Voluntary Associations," and you say nothing later about voluntary associations.

(*Mr. Stafford.*) Private enterprise.

(*Chairman.*) You say a great deal has been done by voluntary societies and bodies.

(*Dr. Addison.*) Yes; but the heading.

(*Mr. Stafford.*) The heading of XIV.—Voluntary Societies.

(*Dr. Maguire.*) The same as you have under Section IX.

(*Secretary.*) Yes.

(*Mr. Willis.*) I do not know, Dr. Addison, whether this is the time; I think we ought to be clear as to what we accept as to the condition of these voluntary societies. I must say I am not at all clear. I do not know whether anybody else is, but I am not. I do not quite see what is going to be the relation of this scheme to the existing voluntary institutions where they are worth recognising.

(*Chairman.*) This is merely a recital of what they have done in the past.

(*Dr. Addison.*) As long as it comes in later; I think before we separate we should be clear on that point; it is a very important one.

(*Chairman.*) It does come in; I forget exactly where it comes in; the future position of voluntary societies. I think, if I may say so, that comes in on XII., to be amplified.

(*Dr. Philip.*) Before you leave XIV., Sir, would you slip in a reference to the work of dispensaries by voluntary societies, because in London, as you know, a large part of the effort in relation to dispensary is undertaken by a voluntary society, which has sent in a special memorandum.

(*Chairman.*) I think they are included surely, because if we refer to that by name—

(*Dr. Phillip.*) No, I do not mean by name, but there is no reference to dispensaries; you refer to sanatoria and so on.

(*Sir George Newman.*) Will it be met by adding to what is stated on the fourth line "And most of the sanatoria and some of the dispensaries now existing for this disease have been provided out of private charity, and many are still maintained by voluntary contributions," would that meet you?

(*Dr. Philip.*) Yes, that is what I mean.

(*Sir George Newman.*) "Most of the sanatoria and some of the dispensaries."

(*Dr. Niven.*) It is suggested that "institutions" should be substituted for "dispensaries" because they are really not all dispensaries.

(*Chairman.*) Well, now, IV. on the paper, the Insurance Act. I do not suppose there is any point on that. That is really a recital; that is XV. to XXII.

(*Dr. Niven.*) Only that after XXA. I am to suggest that sections LXXVII. (1-2-3) of the Insurance Act should be definitely inserted.

(*Chairman.*) What is it you want?

(*Dr. Niven.*) To insert section LXXVII. (1-2-3) of the Insurance Act.

(*Dr. Addison.*) Quote them.

(*Chairman.*) After XX.

(*Dr. Niven.*) After XX.

(*Mr. Davies.*) I suppose that the distribution of the 1½ millions according to population is fixed in the Act, and I cannot make any recommendation about that.

(*Chairman.*) That is fixed in the Act.

(*Mr. Davies.*) I think it is very unfair.

(*Chairman.*) We cannot help it.

(*Mr. Willis.*) It is not fixed as regards the distribution over various parts.

(*Mr. Davies.*) The countries I mean.

(*Mr. Willis.*) The countries are absolutely fixed.

(*Chairman.*) If I may say so, that is in the Act; we cannot go back on it.

(*Mr. Stafford.*) I hope, Sir, later that we can make some suggestions on the point; I am to make some suggestions in regard to the grants on those very lines.

(*Chairman.*) Now we come to "Basis of the Scheme Recommended" XXIII.

(*Dr. Niven.*) I think we should stop at the word "described," Mr. Chairman, in the middle of the section; it is not necessary; the fractions are afterwards fully given of the dispensary, and it is not necessary that these words should be inserted, making it the centre of the whole scheme. That will not alter the framework, nor will it alter it upon the dispensary.

(*Dr. Addison.*) What is your purpose in proposing that it should be left out.

(*Dr. Niven.*) Because it is not the centre of the campaign against tuberculosis; it is entirely out of the question to represent it as such.

(*Dr. Addison.*) What is the centre, then?

(*Dr. Niven.*) The centre may be the Public Health Office. You cannot make this the centre of working in the campaign against tuberculosis; it is reversing the natural order of things. I think these words from "described" should come out, they are not at all necessary for the purpose of this Report.

(*Dr. Addison.*) What would you say would be the focus; you object to the word "focus"?

(*Dr. Niven.*) Yes, I object to the whole sentence. I think the dispensary part of it is placed in a position of undue importance. It has only importance given to it so far as it is made a centre by the framework of this committee.

(*Mr. Willis.*) The Committee's intention is, is it not, that added to the ordinary functions of a sanitary authority shall be this way of dealing with this particular disease. It is merely an added function to an existing authority. At least that is the main thing.

(*Dr. Addison.*) Just the same as a small-pox hospital for the treatment of small-pox, but it does not by saying so depreciate the value of the work of a sanitary authority.

(*Mr. Willis.*) Is the small-pox hospital the common focus or centre of small-pox?

(*Dr. Addison.*) I am not saying it is. It is not entirely a perfectly analagous case, I fully admit, but the fact that we say something is a special centre does not in any way depreciate the value of the work of the sanitary authority.

(*Dr. Leslie Mackenzie.*) I think, Sir, in this case I rather sympathise with Dr. Niven's view, because in the second part of that sentence it says "that so far as possible it should be made use of and supported by the local authorities." The implication of that is that it is an independent organisation. Now when you come to the administrative side of it under XC., XCI. you find that it is not an independent organisation, and if that word is read in the Scotch sense, local authority would mean something rather different from what it would mean in England, and to say that a place is to be made use of and supported by the local authorities implies that it is not itself provided by the local authorities. Now in point of fact it is to be established and maintained by the local authorities as in XCI.; therefore I think a little modification is asked for there. A very little would do it.

(*Chairman.*) I think the intention was to bring in insurance committees and other bodies with the local authorities.

(*Sir George Newman.*) I submit, Sir, that it is the word "campaign" which is really troublesome. I have a query opposite "campaign." The campaign is worked from the headquarters of the public health authority. It is not worked from the dispensary, but the treatment of the disease, and the grappling with the disease from a personal point of view, is going to be in a dispensary. I rather agree with Dr. Leslie Mackenzie and Dr. Niven. I think this paragraph, at present, as it stands, is unsatisfactory both from the point of view of the dispensary being the centre of the campaign, and I think we should get it over it by suggesting some other word than "campaign." It is going to be the centre of something very important. I do not believe that important thing is the whole campaign.

(*Dr. Leslie Mackenzie.*) Precisely.

(*Sir George Newman.*) And then in the second place I think we want to modify the clause which follows, but with regard to the support of the authorities it really is in truth administratively rather the other way round. It is going to support the authorities much more than the authorities will support it.

(*Dr. Latham.*) You might call it the first line of defence which has been used, rather than the centre of the campaign.

(*Dr. Niven.*) I think it better to miss the whole thing out, because it is not necessary to the purpose.

(*Dr. Addison.*) I sincerely hope Dr. Niven will not press that. I quite see the force of his criticism. I heartily agree with it, that it is, of course, only a part of the general scheme against tuberculosis. Public health authorities of course would be able to define.

(*Dr. Mearns Fraser.*) Would it not be enough to say that it is advised that local authorities should make at dispensary the centre of the scheme against tuberculosis.

(*Mr. Willis.*) But what do you mean by saying they shall make it a centre.

(*Dr. Mearns Fraser.*) Because that is what you advise.

(*Mr. Willis.*) Dr. Latham says that is the first line of defence. I do not know whether the first line of defence is in the centre. It is at the edge I think.

(*Sir George Newman.*) Would it meet the point to say "should be the common centre for the treatment of tuberculosis in each local area, and that so far as possible it should be used by—(cross off the rest)—"

"the local authority insurance committees, &c."

(*Dr. Latham.*) Then you are getting up against the British Medical Association.

(*Dr. Niven.*) If you would say a common centre that would avoid that trouble.

(*Sir. George Newman.*) Very well "a" instead of "the."

(*Dr. Niven.*) Would you mind reading that again.

(*Sir. George Newman.*) I am not happy about it. I am only suggesting it. It should be a common centre for the treatment of tuberculosis in each local area, and that, so far as possible, it should be used by the local authorities, &c. The whole paragraph is a little tautological; there is no need for focus, and there is no need for supported by.

(*Dr. Addison.*) I put in "focus."

(*Sir. George Newman.*) Oh, I beg pardon.

(*Dr. Addison.*) My one ewe lamb.

(*Dr. McVail.*) Would it get over the difficulty to put the sentence thus: "The Committee's intention is that there will be a common centre or focus of the campaign against tuberculosis in each local area, that there should be a common centre or focus to leave it locally, to be determined whether that shall be the public health office or the dispensary, or the Sanatorium?"

(*Mr. Willis.*) Would it not do to omit that altogether and simply end up, "Its aim should be that no single case of tuberculosis should remain uncared for in the community?"

(*Chairman.*) We might put something, as follows: "The Committee advise that the local authorities insurance committees and other bodies and persons should make the dispensary the centre of their campaign (or some other word) in connection with tuberculosis."

(*Sir George Newman.*) I do not want it to be the centre of the campaign.

(*Chairman.*) Some other word instead of "campaign."

(*Dr. Niven.*) I think that Sir George's suggestion is the best. You wish to retain this as a centre and a meeting place with the Insurance Committee, Mr. Chairman, and at the same time you cannot make it the centre of the campaign against tuberculosis.

(*Sir George Newman.*) May I say I would suggest the alteration of the word "intention" into the word "view." The Committee's view or, if you like, "opinion," or "considered view," it lightens the paragraph a little bit, instead of making it too much a policy. "The Committee's view is that the tuberculosis dispensary should be a common centre for the treatment of, &c." I am not now quite meeting Dr. Latham's point, but I think we can meet it subsequently in another way a little later in the Report.

(*Dr. Niven.*) For the treatment of tuberculosis.

(*Dr. Latham.*) You are losing sight rather of the diagnosis, are you not, which, perhaps, is even more important.

(*Dr. Niven.*) I want some other word for "treatment" really.

(*Mr. Willis.*) Have we not later on set out exactly what we mean by dispensary? Why here attempt to do it again? This is a high sounding sort of paragraph, but it seems to me it does not mean or carry us very far.

(*Dr. Niven.*) It does not meet it at all.

(*Mr. Willis.*) The precise functions are dealt with in the section of the Report, in which they are fully described; leave it at that.

(*Dr. Latham.*) It carries us thus far: the public anticipation is that we shall do a great deal in regard to recommendations for sanatoria. We want to point out that we pin our faith upon a dispensary unit to a greater extent than we do to sanatoria, and I think that ought to be brought out.

(*Mr. Willis.*) Say here we think that a very large proportion of the cases can be adequately diagnosed and treated at a dispensary, and that it is unnecessary to send them to sanatoria; say that expressly.

(*Dr. Niven.*) You cannot do it; I mean in the face of the attitude of the general medical practitioners you cannot take up that position. It seems to me that Sir George's suggestion again is a good one, that the Committee's view is that the tuberculosis dispensary should

be a common centre for the diagnosis of tuberculosis in each local area, and that meets the consulting physician; it is to be a consulting centre.

(*Dr. Addison.*) Would you agree for dealing with special cases of tuberculosis?

(*Dr. Niven.*) I think "tuberculosis" is very good.

(*Dr. Meredith Richards.*) Put in "diagnosis for the organisation of treatment."

(*Dr. Latham.*) Would you accept "diagnosis of treatment"?

(*Dr. Niven.*) Well, no; "and treatment."

(*Dr. Meredith Richards.*) "For the diagnosis and the organisation of treatment."

(*Dr. Niven.*) You must be precise.

(*Sir George Newman.*) I do think it is very important to say at this stage that the dispensary is the key to the situation.

(*Dr. Niven.*) It is not the key to the situation.

(*Sir George Newman.*) Well, I want to press that point if Dr. Niven does not agree with me there; that may be a playful remark, but if that is a serious remark I should like to take some opportunity of raising that issue, because I should have said, if there was one thing this Committee had become convinced of in its deliberations, it was that a clearing house, before you built any sanatoria, so to speak, before you plan out your campaign of treatment in any area—a clearing house of some kind is an essential and fundamental part of the organisation, and I do not think to call it the key to the situation is too strong a term; I am not suggesting those words should go into the Report, but I do think it is a fundamental institution.

(*Dr. Niven.*) Yes, I quite agree, Sir George; what I objected to was to call it the key to the situation.

(*Sir George Newman.*) I was not for a moment suggesting that phrase should go into the Report; I wanted that something should be said in the Report here which does show that this Committee is convinced that this kind of institution is the fundamental starting point for the diagnosis and treatment of tuberculosis in any local area.

(*Dr. Leslie Mackenzie.*) I think if you completed the sentence you were devising a little while ago it would cover that all quite nicely.

(*Dr. Latham.*) Dr. Niven accepts "centre for diagnosis."

(*Sir George Newman.*) Organisation of the treatment. "The Committee's view is that the tuberculosis dispensary should be a common centre for the diagnosis and organisation of the treatment of tuberculosis in each local area, and that so far as possible it should be used by the local authorities, &c."

(*Dr. Leslie Mackenzie.*) That is my point. Does not that imply that it is a sort of semi-independent organisation outside the local authority? Would you not turn your sentence, as the Chairman suggested a little while ago, rather to indicate consistently with XCL, that the local authority in its activity should take this form of providing machinery.

(*Dr. Addison.*) I think if you stopped at the words "in each area"; you need not say any more.

(*Dr. Leslie Mackenzie.*) That I quite agree; there is no need for anything else. I think really the rest is provided for and implied further down.

(*Dr. Meredith Richards.*) Ought it not to be made clear here whether the poor law cases are included in the cases to be supervised in this centre or dispensary?

(*Chairman.*) Do you agree to the last sentence in that paragraph that we are discussing?

(*Dr. Leslie Mackenzie.*) How would it read now, Mr. Chairman?

(*Secretary.*) "The Committee's opinion is that the tuberculosis dispensary should be a common centre for the diagnosis and organisation of the treatment of tuberculosis in each local area. Its aim should be that no single case of tuberculosis should be uncared for in the community."

(*Chairman.*) Agreed.

(*Dr. McVail.*) Instead of saying "its aim" would you say "the aim?" It is the aim of the local authority as well as of the institute.

(*Dr. Addison.*) Yes, that is better.

(*Sir George Newman.*) "The aim."

(*Chairman.*) Then we have finished V.; we are agreed on V.

(*Mr. Davies.*) On XXIII. I wanted to find out whether the opinion of the Committee is that some regard should be had to the incidence of the disease in the disposition of these institutes. For instance, in Wales, there are certain counties in Wales where the percentage is something like 40 or 60 per cent. tuberculosis cases, and I certainly think that in allocating these institutes in different localities there should be some attention paid to the incidence of the disease as well as to the population.

(*Chairman.*) Surely it means rather that you have a bigger staff where you have a higher incidence.

(*Mr. Davies.*) Yes, a bigger staff.

(*Sir George Newman.*) A larger dispensary and a bigger staff.

(*Mr. Davies.*) Yes, but there might be a case of a scattered rural county.

(*Chairman.*) A small dispensary and a small staff.

(*Sir George Newman.*) Does not that come out under XLVII., Sir?

(*Dr. Philip.*) We have settled the aim should be that no single case of tuberculosis should be uncared for.

(*Mr. Davies.*) Well, one for every 200,000 inhabitants. That is all very well for a big urban district, but it will not meet the case of very sparsely populated counties.

(*Dr. Addison.*) We have not come to that.

(*Mr. Davies.*) You have got it in XXIII., one for every 200,000 inhabitants. What I was suggesting was, that after treatment is given we should go on to say the disposition of these institutions should be according to the incidence of the disease, but the Committee consider—

(*Dr. Paterson.*) The 200,000 wants to come out here, because we go into the detail later when we are considering the dispensary. It wants to come out here because we make a distinction between urban and rural dispensaries later on.

(*Chairman.*) Yes; it would now read then as suggested; "The Committee consider that those dispensaries should be established in local areas throughout the United Kingdom," &c.

(*Dr. McVail.*) Do you need "throughout the United Kingdom," Sir this whole passage is headed "England"; this whole part of the Report.

(*Dr. Addison.*) Where is it headed "England"?

(*Dr. McVail.*) Back a bit; is this common.

(*Secretary.*) Yes, it is common.

(*Dr. Addison.*) I think that is a most important point; I think it ought to come out.

(*Chairman.*) IX.

(*Dr. Leslie Mackenzie.*) I may mention, Sir, that there are only two counties in Scotland, or three, that can fulfil that condition, because there are only three that have got 200,000 people.

(*Chairman.*) We have not got the figure.

(*Dr. Leslie Mackenzie.*) But it is going to apply to Scotland, this question, is it?

(*Dr. McVail.*) This applies to Scotland equally.

(*Chairman.*) This basis of the scheme is recommended for the United Kingdom.

(*Dr. McVail.*) You would require to be clear about that, because No. IX. is confined to England.

(*Dr. Addison.*) If it is necessary to recite the law, let us be clear about it; what is the point of citing the local authorities simply in England and Wales?

(*Chairman.*) We are dealing with them in a special section.

(*Dr. Paterson.*) Section IX. wants to take Wales out, and then it would be all right.

(*Dr. McVail.*) Wales is taken out of Section IX; we agreed to that yesterday.

(*Mr. Stafford.*) Is this supposed to be a general principle applying to all?

(*Chairman.*) The basis of the scheme recommended is for the United Kingdom; that is the suggestion now: to put it in as the heading.

(*Mr. Stafford.*) Later on, in dealing with Ireland, I have tried, as far as we could, simply to agree to general principles, and not to be in any way tied down to details. Now if this is supposed to apply to Ireland this population—

(*Chairman.*) We have cut out population.

(*Mr. Willis.*) Practically all this says is, for each area there should be two things—a dispensary plus sanatoria.

(*Mr. Stafford.*) That we are quite willing to take. These are general principles we are quite willing to take, so long as you do not tie us about details of population.

(*Mr. Davies.*) I should suggest on No. IX., with regard to crossing out Wales in the section, would you say the United Kingdom?

(*Dr. McVail.*) I do not see that the words "United Kingdom" should remain, because there are so few places in Scotland where that recommendation of the Committee could possibly apply, that the areas should have 200,000 inhabitants.

(*Chairman.*) That is struck out.

(*Mr. Stafford.*) I must say I agree with what Mr. Davies says about the incidence of the disease.

(*Chairman.*) Yes, but that has been dealt with by the Sub-committee on Dispensaries. It now reads "The Committee consider that these dispensaries should be established in local areas throughout the United Kingdom."

(*Mr. Willis.*) I do not quite understand why Wales is omitted from IX., Mr. Chairman.

(*Dr. McVail.*) There is to be a separate section for Wales; we will come to that by and by.

(*Mr. Willis.*) Yes, but as regards the law they are under the existing bodies at present engaged in Wales, are exactly the same as engaged elsewhere. The law is identical.

(*Mr. Davies.*) But surely the case for Wales is analogous to that of Ireland, where we have very sparse population.

(*Chairman.*) Mr. Willis' point is that this is merely a recital of the law as it stands.

(*Mr. Willis.*) And therefore you could stand in there.

(*Dr. Addison.*) I do not wish to obstruct; if we are going to have the recital of the law for England and Wales; the existing authorities here; and then immediately follow that by the basis of the scheme recommended for the United Kingdom, I would suggest we ought to have that before we come to the recital of the existing authorities, as they exist in Scotland and Ireland.

(*Dr. Leslie Mackenzie.*) You get that in the Scotch Section.

(*Chairman.*) His point is that it should be taken out of the Scotch Section.

(*Dr. McVail.*) When you come to see it you will find that would not do. The recital of the Scotch law is followed immediately by the recommendation.

(*Dr. Leslie Mackenzie.*) That it should, of course.

(*Dr. Addison.*) I shall make some reference to it there. "On this second unit," with great respect to the Sanatorium or Dispensary Committee we put that word in. I did not like that at all; "an this second unit" why call it a "unit"?

(*Dr. Jane Walker.*) You state "first unit." There is no reason why you should not say "second unit."

(*Dr. Addison.*) I do not think there is any service in calling it "second unit"; I do not like the word "unit" at all.

(*Mr. Willis.*) In regard to the second units, do you not think you ought to say "and other institutions in which patients are received as inmates," rather than "other institutions in which treatment is given," because a dispensary is an institution in which treatment is given.

(*Dr. Philip.*) Yes, I think that is most important; I was going to raise that point.

(*Mr. Bardswell.*) Where is that?

(*Mr. Willis.*) Paragraph XXIII.

(*Dr. Philip.*) You are dealing with residential institutions

(*Mr. Willis.*) The first unit is a non-residential, and the second units is residential; that is the point.

Dr. Phillip. That is it.

(*Dr. Addison.*) I should suggest, Sir, that we should say "behind the tuberculosis institute should stand the sanatorias, hospitals, convalescent homes, farm colonies, open-air schools, &c."

(*Chairman.*) We have referred to first unit.

(*Dr. Jane Walker.*) You said first unit.

(*Chairman.*) Is there anything more on XXIII.? I gather there is not.

(*Mr. Davies.*) May I suggest with regard to one

phrase "area for which these institutions may be established," should be "the area of the county or county borough." I think that there may be cases where the boundary between each county may not be the best boundary, for these institutes.

(*Chairman.*) We put "or combination of such areas."

(*Mr. Davies.*) But then that means a combination of two counties, and you may possibly divide a county up between one institute or another.

(*Mr. Stafford.*) Or portions of counties.

(*Mr. Davies.*) We might, put "generally speaking" after "should" would qualify that sentence. I should not like to commit myself to simply making the county the basis of the institute, or even a combination of counties.

(*The Secretary.*) "Should generally speaking".

(*Chairman.*) You might put it on that draft that you are going to send in.

(*Mr. Davies.*) I will.

(*Dr. Meredith Richards.*) About the poor law; is it or is it not intended that the poor law cases are to be included in this particular system?

(*Mr. Willis.*) Do you mean by that that when you have got a poor law out-patient suffering from tuberculosis he ought to be treated at the dispensary?

(*Dr. Meredith Richards.*) Yes, that is my meaning. At present they are very badly treated, or not treated at all.

(*Mr. Willis.*) I do not think the Committee is going too much into detail as to the relation of the poor law to the other thing, but I should have thought they might say that they think it is desirable that the practise in regard to this infectious disease should be assimilated to the practice in regard to other infectious diseases. For a long time the policy has been to encourage boards of guardians to send fever cases to the ordinary fever hospital. Just in the same way, for the same sort of reason you might encourage them to send tuberculosis cases to tuberculosis institutes. But there is just this, when the Bill was going through Parliament it was very carefully laid down once or twice that the guardians could not be approached in regard to this no matter how fine the sanatoria the board of guardians may have provided. Now, no Insurance Committee can have dealings with boards of guardians though they may have beautiful vacant beds.

(*Dr. Addison.*) But it may be the other way round.

(*Mr. Willis.*) Yes, but my point is this. I do not quite know what the basis of that is; I suppose it is largely sentimental; but it seems to me, because it is sentimental you cannot argue very much about it, and if the insurance people found that the number of paupers were going to the institutions or dispensaries they would say "I am not going to sit side by side with a pauper; why should I"? I do not sympathise with that view myself at all.

(*Dr. Meredith Richards.*) We take all the paupers into the fever hospitals, and we get all the rich as well.

(*Dr. Addison.*) They do not mind.

(*Dr. Meredith Richards.*) No. (*Dr. Addison.*) My point is—and Mr. Willis will bear me out—that what we do not want is that those patients should go to the workhouses. It might be useful to use the wings of a workhouse—though you may call these by some other name if you like—for advanced cases, but the general intention was that these cases should be dealt with by the poor law guardians. That is a very different story from the cases of poor law guardians being dealt with at the dispensary. That is the other way on altogether. I think myself it would be very desirable that we should make a recommendation that these tuberculosis cases, if they are necessitous, should be dealt with, whether they are necessitous or not, at the dispensary, because the ratepayers will be paying towards the maintenance of this institution, and after all it is out of the same pocket, and if they are not insured persons or their dependents, the ratepayers will get as a return for their contribution towards the maintenance of these institutions the treatment of other persons who are suffering from tuberculosis, who are not insured persons.

(*Mr Willis.*) I personally quite agree, but I do want

to warn the Committee that there is a good deal of sentiment behind this thing. This shows itself in connection with one or two clauses of the Insurance Act; notably Section 16, and for a long while there was considerable pressure put to avoid putting in these words, because it was known that some boards of guardians had provided very efficient institutions for tuberculous people and it might in certain areas be desirable for the Insurance Committee, if it wished to make a contract with the board of guardians, but at last the Chancellor of the Exchequer decided to have nothing to do with the poor law. That was his policy. Now if the poor law come and use my institutions I am having something to do with the Poor Law. You are getting round the position, I take it.

(*Dr. Addison.*) My position is not quite that. Where does it begin? A person comes on to the relieving officer's list, say after a relieving order; if this person by the parish doctor, or somebody else, is certified as having got consumption, they know here is a place that treats consumption. They will not bother the relieving officer; they will go to the dispensary; they will not come on to the poor law guardians; the poor law guardians will not send them to the dispensary; they will only be too glad to go somewhere where they can be treated without going to the poor law guardians. He will go to the dispensary and remain there.

(*Dr. Mearns Fraser.*) Surely the poor law cases are the most important class of any we have to deal with; absolutely the most important, and in some cases they will be insured persons, and the poor law in others.

(*Dr. Philip.*) A distinction may be drawn between the use of a dispensary and the use of residential institutions. The sentimental objection would come in in the case of residential institutions, but it cannot apply to the case of the dispensary.

(*Dr. Mearns Fraser.*) There is no prejudice at all. At the dispensary people do not know which is the pauper, and which is not. There is no difference at all.

(*Dr. Addison.*) The general hospital is exactly the same.

(*Dr. Philip.*) In the outpatients' department.

(*Dr. McVail.*) This question came before me when I was investigating poor law medical relief for the Royal Commission that sat four or five years ago. At that time, when I recommended a system of medical provident institutions to be established by the medical profession throughout the country for the treatment of comparatively poor persons, on the insurance principle, I strongly urged that paupers should be able to take advantage of that institution, and that guardians responsible for paupers should be able to arrange with such an institution for the treatment of their paupers. I do think it is very desirable that paupers should be able to take advantage of these dispensaries. They are the class that specially require careful treatment with regard to tuberculosis, and their necessities might well be brought before the guardians by means of the information ascertained at the dispensaries and in connection with the work of the tuberculosis officer. The only people I can imagine who may be likely to raise an objection to that would be the present poor law medical officers, on the ground of removing from them a part of the work which they do at present. But I do not think that there is really anything in that, because I would hope that if the Insurance Act works as we desire it to work, the men who are poor law medical officers would also be on the panel of the Insurance Committees, and that they would be engaged in the treatment of tuberculosis cases at home, in so far as sanatorium treatment is to be given at home. But at any rate the principle is very important that paupers should have available to them all the benefits of these tuberculosis dispensaries.

(*Dr. Leslie Mackenzie.*) In Scotland I may say, Mr. Chairman, that the Local Government Board have laid it down that tuberculosis is the business of the public health authority. It makes no difference, sir, whatsoever in the treatment of the case whether the patient is a pauper or not. The question need never be raised. In point of fact, in the document I put in your hands at the first meeting of the Committee, you will find that the public health authority in Glasgow actually is supervising at home a larger number of pauper cases. No distinction whatever is made between the two

persons. I think it would be a mistake to make any recommendation on the question. We could leave it out altogether. It will solve itself naturally.

(*Mr. Willis.*) Do the guardians pay for patients who are received?

(*Dr. Leslie Mackenzie.*) No, nothing whatever.

(*Mr. Willis.*) I believe it is the rule in England, that a pauper going to a fever hospital is paid for by the guardians.

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Mearns Fraser.*) That is not the rule in England. The local authority has the power to recover, but it is not often done.

(*Dr. Leslie Mackenzie.*) In Scotland they have not the power to recover.

(*Dr. Mearns Fraser.*) In this report there is a statement of what can be done in connection with the poor law, and I suppose that is omitted because of the Chancellor of the Exchequer's expression of view that he was going to have nothing to do with the poor law. But in advising on that question we are not only advising for the insurance people, but for the general population. I think some paragraph ought to be put in here which shows that we do appreciate the fact that we have to deal with the poor law authorities as far as we can. I do not think it is sufficiently brought out in this Report that we are to deal with the pauper class.

(*Mr. Willis.*) Of course you will have a large number of these poor law cases, Mr. Chairman. In November last there were only 13,000 poor law cases suffering from tuberculosis receiving treatment by the guardians in England and Wales—nearly 13,000. Nearly 9,000 of them were "in" patients in beds, either in sanatoria especially provided, or in wards of infirmaries, and so on. Now if you get an enormous number of cases like that being sent by the poor law guardians, and being paid for by the poor law guardians, the poor law guardians will say very much as the Insurance Committee seem inclined to say: we are sending you such a lot of patients, and handing you over such a lot of money, we must come in on your Advisory Committee. They have the same sort of ground for saying that, but I personally am not opposed to poor law cases going to the dispensary.

(*Dr. Paterson.*) Do not poor law cases get into the infirmary simply because they cannot help it? That is my view about most of these people in the poor law infirmary. They get there because they cannot possibly keep out.

(*Mr. Willis.*) They have nowhere else to go.

(*Dr. Paterson.*) I would like to see the poor law offer these people a hand to help them to look after them at the time they are infectious, and still not dying, and if you read the report from Birmingham you will see the medical officer of health for Birmingham says the poor law patients are turned out of the infirmary the moment they can stand on their feet. They do not do anything for them in the way of prevention.

(*Mr. Willis.*) No, it is not the duty of the guardians—prevention of disease.

(*Dr. Addison.*) I would suggest, to get over the point without specifically mentioning the poor law guardians, that after that sentence "that no single case of tuberculosis should be uncared for in the community," we might put in some such words as these: "that all cases should have the advantage of whatever services the scheme provides."

(*Mr. Willis.*) To whatever class they belong.

(*Dr. Addison.*) I do not say anything about the class; I say "that all cases."

(*Mr. Davies.*) May I ask, Mr. Willis, whether if that is his view, that these poor law patients could eventually be taken over by these institutes, and by the sanatoria through this scheme, that then the guardians should not put up their own.

(*Mr. Willis.*) I should discourage guardians putting up new institutions. You want, of course, to get all the pauper cases out of the workhouse as far as practicable.

(*Mr. Davies.*) But they are at present putting them up.

(*Dr. Niven.*) What has made me speak so rudely about these dispensaries is that in the out-patient departments at dispensaries you will have an awful collection of people under the Insurance Act in regard

to whom a treatment at home is the right treatment and not taking them to the dispensary.

(*Dr. Meredith Richards.*) They will not all necessarily be treated at the dispensary; their treatment is organised at the dispensary by paying so much a year for treatment at home.

(*Chairman.*) Dr. Addison has suggested that after "commencing" the following words should go in:— "That all cases should have the advantage of whatever services the scheme provides."

(*Mr. Willis.*) Would you like to propose that the Committee should say definitely that in their view the building of new sanatoria should be done not by boards of guardians but by the sanitary authority.

(*Mr. Davies.*) Yes; I should like to put that in at some stage. I do not know whether this is the proper stage for that recommendation, but I think this Committee should certainly make some recommendation of that kind before they conclude their final report.

(*Mr. Willis.*) I should agree to something like that going in; I think it would be useful.

(*Mr. Davies.*) Because eventually all those people who now go into the poor law sanatoria and the poor law infirmaries will be insured persons in future, so that they will claim, as of right, to go into any other institutions which are not under the poor law.

(*Mr. Willis.*) Yes.

(*Dr. McVail.*) I think we should agree to that.

(*Dr. Niven.*) Well-to-do people; that all classes should enjoy the advantages.

(*Dr. Addison.*) It does not say on what terms.

(*Dr. Niven.*) All right; if it is qualified it will be all right.

(*Dr. Addison.*) I think it is very desirable that people, for instance, like small shopkeepers—I do not suppose wealthy people would be inclined to go to these institutions—but I think that people like small shopkeepers, people who are not insured persons, who have not more than 160*l.* a year or so, have the hardest lot of the whole community at the present moment; they cannot afford to pay for the hospital, and provide for experts and so on; they cannot afford to pay four guineas a week, or whatever it is, in the sanatorium, and the result is that they are badly off; they are between the devil and deep sea.

(*Dr. Leslie Mackenzie.*) In Scotland they are all entitled to the use of the hospital.

(*Dr. Addison.*) That is what I am coming to; in this scheme, to these persons—whether insured or not is quite immaterial—we say you can afford to pay 20*s.* or 30*s.* a week; let them pay 30*s.* a week.

(*Dr. McVail.*) Would it meet your view if you added words to make it read in this way; instead of saying "that all cases should have the advantages that the scheme provides," say "that all cases should have open to them the advantages that the scheme provides."

(*Dr. Addison.*) Yes, I think that is better.

(*Dr. McVail.*) Not assuming that they would all take advantage, but that they should have the opportunity.

(*Dr. Mearns Fraser.*) I think you will find the British Medical Association will very much disagree with that point.

(*Dr. Latham.*) No case should be sent by the expert, except at the request of the practitioner; that is the British Medical Association.

(*Dr. Mearns Fraser.*) That is what they are fighting as hard as they possibly can over the Insurance Bill.

(*Dr. Niven.*) I was not thinking so much of that, as that in Manchester we have a very large number of common lodging-houses, with a huge number of cases of phthisis going into the poor law unions; tramps going through the city are to have the advantages of the scheme; they are to be open to people of that class, because I should think that would be very detrimental.

(*Secretary.*) "The aim should be that no single case of tuberculosis should remain uncared for in the community, but that whatever services the scheme provides should be available for all cases of the disease."

(*Dr. Niven.*) I put that to you.

(*Dr. Addison.*) On satisfactory conditions.

(*Dr. Bardswell.*) Some people would pay for it, would they.

(*Dr. Niven.*) I think that will be detrimental to your scheme. Those people will have free access. They

will certainly avail themselves of it. You will drive out the better class. I think that some safeguards ought to be inserted "that all classes should have open to them whatever advantages the scheme provides, subject to the approval of the medical officer in charge," or something to that effect.

(*Dr. Mearns Fraser.*) You might take away the whole private practice in a town by that, as to consumption. Everybody may go.

(*Dr. Addison.*) They have only the right; they have it open to them; it does not say on what terms.

(*Dr. Leslie Mackenzie.*) I may say I could not possibly agree to any such restriction as Dr. Niven proposes; it would be inconsistent with the law of Scotland.

(*Sir George Newman.*) It would be *ultra vires*.

(*Dr. Leslie Mackenzie.*) In Scotland the hospitals are for the use of the inhabitants of the district suffering from infectious diseases. We are advised that is open to any person whatsoever.

(*Sir George Newman.*) In any case it would be impossible to vest in the medical officer to say who should and who should not.

(*Dr. McVail.*) Dr. Niven is opening up really anew the question of the controlling of tramps and vagrants. We cannot tack on that question to the poor law; that has to be dealt with by itself.

(*Dr. Addison.*) It would meet the very obvious point of Dr. Mearns Fraser to put in the words there "That all cases of the disease should have the advantage of whatever services."

(*Secretary.*) "That whatever services the scheme provides should be available, under suitable conditions, for all cases of disease."

(*Mr. Willis.*) What do you call "suitable conditions?"

(*Dr. Addison.*) We will settle them.

(*Chairman.*) That has to be settled.

(*Mr. Willis.*) By whom?

(*Chairman.*) You.

(*Mr. Willis.*) The Local Government Board want this Committee to be saved from the British Medical Association.

(*Dr. Leslie Mackenzie.*) Does this apply to Scotland, Mr. Chairman? You cannot lay down any conditions; it is open to them.

(*Dr. Philip.*) The conditions are suitable.

(*Chairman.*) It does not exclude you, I think.

(*Dr. Leslie Mackenzie.*) I do not want the question raised, as far as Scotland is concerned, because we have got a recent legal ruling on the point.

(*Dr. Addison.*) I do not think it raises it.

(*Dr. Leslie Mackenzie.*) It is a pity it should be raised.

(*Dr. Addison.*) It is very important we should try to leave it available for all persons.

(*Dr. Leslie Mackenzie.*) I quite agree, but it is with us available already for all persons, regardless of the disease; hospital, convalescent home, and all these institutions.

(*Dr. McVail.*) You must bear in mind the power of the Insurance Committee to give, so far as it is concerned, sanatorium benefit only to those whom the Committee approves.

(*Dr. Addison.*) That is not our point. We are saying what a general scheme should be.

(*Dr. Leslie Mackenzie.*) Would this be enough to say, simply available in all cases?

(*Chairman.*) No, that does not meet the British Medical Association.

(*Mr. Willis.*) I think we really must face this point. Is it the intention of the Committee that the county council, having a dispensary, shall allow that dispensary to be used by anybody who chooses who has got consumption?

(*Dr. Addison.*) Under suitable conditions.

(*Mr. Willis.*) Must the man first go to another doctor, say "I am ill," and pay a fee, and then must that doctor take him to a dispensary, or must the dispensary be open as an institution provided by the public as a public elementary school without any sort of entry. The man is ill, he thinks he has got consumption, has he then the right to go to that dispensary?

(*Dr. Addison.*) I suggest we leave that till we come

to the relationship to general practitioners. I have a special paragraph as to that.

(*Mr. Willis.*) I do not know what the opinion of the Committee is. Is it that the man should have the right to go without going through the general practitioner?

(*Dr. Mearns Fraser.*) If the dispensary is put up by the local authority, and contributed to by the local authority; if it is put up under the Public Health Act, every ratepayer has a right to go there.

(*Mr. Willis.*) I should say so. The corporation is allowed some discretion. They can select the cases.

(*Dr. Mearns Fraser.*) They can make them pay, but they have a right to go.

(*Dr. Niven.*) Every ratepayer?

(*Mr. Willis.*) A dispensary provided by a public body would be available to all.

(*Dr. Niven.*) But it is only lately.

(*Mr. Davies.*) But in this case any insured person would be able to go.

(*Chairman.*) The words now, I think, satisfy us. We will come to the position of the general practitioners on X. The next section is the meaning of sanatorium treatment. I put the following drafting point before you and that is somewhere between XXIV. and XXV. We should recite the definition of sanatorium benefit, and on the first line of XXV. the term "sanatorium" should be "treatment" not "benefit." You see sanatorium benefit will be described between XXIV. and XXV.

(*Dr. Mearns Fraser.*) It is advisable to introduce a new term altogether, sanatorium benefit, and now you are going to call everything sketched under this sanatorium treatment. It will hopelessly deceive the public. They want to know what you are driving at. A man having a bottle of medicine in his own house from the doctor; it is sanatorium treatment just the same.

(*Dr. Latham.*) It is not.

(*Dr. Mearns Fraser.*) It will be according to this.

(*Dr. Latham.*) He will under no circumstances have a bottle of medicine. He will get what we call sanatorium treatment.

(*Mr. Willis.*) We might adopt the phrase the Chairman suggested yesterday, that it was treatment under hygienic conditions, or something like that.

(*Dr. Philip.*) There can be no doubt, sir, that it leads to a confusion as it stands. I have a strong conviction that it will cause confusion.

(*Mr. Willis.*) If we want to say that the same benefits which can be got in the sanatorium can be got in the patients' home, live under hygienic conditions, and eat properly, and so on we had better say it definitely, but we do not call it sanatorium treatment.

(*Dr. Latham.*) Will you tell me why it was called sanatorium benefit, when it covered other things than sanatorium?

(*Mr. Willis.*) I think the historical reason was this, that the people who first drafted that Act in regard to the treatment, had in mind what is always known as a sanatorium, that is a building, say, as the benefit which was to be given by that Act, and then after the Act had been drafted it was found that other forms of treatment would suffice in a great many cases. They took the words "Sanatorium Benefit" and gave them a very wide definition.

(*Dr. Latham.*) I think it follows from that we must call it sanatorium benefit.

(*Dr. Mearns Fraser.*) Yes, call it sanatorium benefit.

(*Mr. Willis.*) The Act has defined sanatorium benefit.

(*Dr. Mearns Fraser.*) Call it sanatorium benefit. Sanatorium benefit is not a new expression which has come into use only under this Act; sanatorium benefit has been in use for years and years, and has a well understood meaning.

(*Dr. Addison.*) We might say, treatment under the sanatorium benefit; that is what you want.

(*Dr. Latham.*) Personally, I think you will gain a great deal of advantage if you confine it to sanatorium treatment. I think the public want to be taught that sanatorium treatment is a very comprehensive thing and is the treatment they are all going to get whether they get it in a sanatorium or at home, and you do not want to make the sanatorium treatment such a narrow thing as a thing you can only get in an institution like a sanatorium.

(*Dr. Burdswell.*) Can we not say "on sanatorium principles?"

(*Dr. Jane Walker.*) We do imply that in section XXV., because we say the benefits of this form of treatment can be given to patients who are living in their own homes. I think there is no doubt that we must use the words "sanitary treatment."

(*Dr. Niven.*) I doubt whether sanatorium benefit is necessarily sanatorium treatment at all. Sanatorium benefit might consist, might it not, in a grant to the family to raise, for a time, their resisting power.

(*Chairman.*) Not to the family, surely; only to the insured person.

(*Dr. Niven.*) Well, but it might be made available for the purpose of the family. I wish to raise this for a moment, because it is an important consideration. There is no doubt that those who are familiar with poor people know that the one thing that is very often needed is a certain sum of money when the head of the family is struck down, to keep the family going and enable them to obtain proper housing, food and clothing, and my suggestion is that it might even be the best use to put sanatorium benefit to to give grants of that description.

(*Sir George Newman.*) That is sick benefit under the Act.

(*Dr. Niven.*) You give sick benefit.

(*Chairman.*) The Act specially defines sanatorium benefit as being treatment given in the sanatorium, or otherwise, as treatment of the individual. It is not the feeding of his family. I mean it may be advisable or not, but we have to take the Act.

(*Dr. Niven.*) But that may be the best treatment of the individual.

(*Dr. McVail.*) With regard to the phraseology of the Report, it is common knowledge to all of us here that the word "Sanatorium" has two meanings; one, a popular meaning, and one a statutory meaning given to it for the first time by the Insurance Act. There is a good deal of confusion between them now in the paragraphs which follow. No. XXVII. relates to treatment from the preventive side; No. XXVIII. relates to treatment from the curative side. With regard to the cross heading which we have in the sanatorium treatment, would it not save confusion if we inserted therein preventive and curative treatment, and went into the details subsequently, letting the paragraphs explain themselves as we go along.

(*Chairman.*) Do you suggest that the heading should be—

(*Dr. McVail.*) Leaving out the word "sanatorium."

(*Chairman.*) Leaving it "preventive and curative treatment."

(*Dr. McVail.*) Leaving out the word "sanatorium," and putting in the three words "preventive and curative," leaving out "sanatorium," the cross heading above XXIV.

(*Sir George Newman.*) And making the necessary verbal alterations in the paragraph.

(*Dr. Latham.*) I do not object to the cross heading, but I want the paragraph in about the sanatorium treatment.

(*Dr. McVail.*) Oh, yes.

(*Chairman.*) What is your suggestion for a cross heading?

(*Dr. McVail.*) "Preventive and curative treatment" instead of "sanatorium treatment."

(*Chairman.*) Would you have kind of preventive and curative treatment?

(*Dr. McVail.*) No; use just the words as they stand—"preventive and curative treatment." That is the cross heading.

(*Dr. Jane Walker.*) Above XXIV.?

(*Dr. McVail.*) Above XXIV.

(*Dr. Latham.*) I should say "general principles."

(*Chairman.*) Or "general principles of treatment;" that would meet them.

(*Dr. McVail.*) Yes, it would save introducing into the cross-heading a word which has two meanings.

(*Chairman.*) "General principles of treatment."

(*Mr. Willis.*) Then you would have to alter the other paragraphs accordingly.

(*Dr. McVail.*) Take each paragraph as it comes.

(*Chairman.*) In the first paragraph you would knock out "sanatorium" then, would you?

(*Mr. Willis.*) Some observations as to the general character of the nature of treatment required; is not that sufficient?

(*Dr. McVail.*) Yes.

(*Mr. Willis.*) That takes away the whole point for which it was written; it was written with a view to saying what sanatorium treatment is.

(*Chairman.*) Dr. Latham's point is that a small proportion of the persons would be treated in a sanatorium, and you wish to make the public understand that they can get hygienic treatment at their homes under the supervision of the dispensary doctor or the general practitioner.

(*Sir George Newman.*) They get that in XXV.; do you not think it would be met in XXV.

(*Chairman.*) I do not mind as long as it comes in; if it comes in.

(*Sir George Newman.*) Really that comes as stated in XXV.

(*Chairman.*) If you are to cut out, cut out XXIV. altogether.

(*Sir George Newman.*) If you read it, the term "sanatorium" would be interpreted on broad lines that carries through XXV., would it not?

(*Dr. Meredith Richards.*) Omit XXIV.; leave it out.

(*Chairman.*) You have to have some introduction, otherwise there is no reason why it need come into the Report at all.

(*Sir George Newman.*) I think that is a connected paragraph.

(*Dr. Latham.*) My point is, I want the public to understand what they are getting in a sanatorium and no other place, therefore it is fitly called a sanatorium.

(*Sir George Newman.*) Is it as fully stated as you desire in XXV.?

(*Dr. Latham.*) Yes, I think it is.

(*Dr. Leslie Mackenzie.*) As long as it is made perfectly clear, sir, in the paragraphs, what exactly is meant in this use of the word, I think we should let it stand. I entirely agree with Dr. Latham's point of view. I think it is important we should know that sanatorium treatment is not as it was, exactly limited to this or that institution.

(*Dr. Latham.*) I am specially anxious to call it sanatorium benefit. If you call it sanatorium treatment, and you do not allow your treatment to be sanatorium treatment, you are to have a good deal of confusion about sanatorium treatment.

(*Chairman.*) I do not think we can describe it as sanatorium benefit, because that refers to a very limited class of the population.

(*Mr. Willis.*) You want to avoid the disappointment on the part of an insured person.

(*Chairman.*) Then I think we are agreed on that; we alter the cross-heading to "the general principles of treatment" and then we go ahead to describe what we mean by the treatment. Now is there any other point arising on XXIV.?

(*Mr. Willis.*) Would you not say, in regard to paragraph XXV. "the benefit of this form of treatment" can be given, to a large extent, to patients who are "living in their own homes?"

(*Dr. Niven.*) I was just going to make that remark, Mr. Willis; it cannot be done in all cases.

(*Dr. Latham.*) It is an absolute statement; I stand by the absolute statement.

(*Dr. Paterson.*) It has got to be proved yet.

(*Dr. Latham.*) Say "in many instances"; I will agree with that.

(*Mr. Willis.*) The benefit can, to a large extent, "be given to patients who are living in their own homes."

(*Dr. Latham.*) I should say "in many instances."

(*Sir George Newman.*) I would submit, if we are to go into these points, speaking of word "benefit" as an advantage, that we should take out the word "such" in the third line, and put in "suitable." Then you would be safe. "The advantage of whatever services the scheme provides should be available under suitable conditions" because they are not "such" conditions.

(*Dr. Latham.*) Yes, quite.

(*Sir George Newman.*) And then the last line "the treatment cannot be essentially sanatorium treatment," instead of which is.

(*Chairman.*) Well, then, there is only one point

which Mr. Clarke and I wanted to raise one on this, and that is in paragraph XXIX.; the last paragraph, "without prejudging the question which is dealt with elsewhere as to whether sanatorium treatment should be carried out at a patient's home, in a hospital, or in a sanatorium, it may be said, that if sufficient money were available, every case of pulmonary tuberculosis would be given its best chance by treatment in a sanatorium." Is that too wide, or not?

(*Dr. Latham.*) If we were living in an ideal world.

(*Chairman.*) Is not XXV. a disappointment?

(*Dr. Niven.*) It is rather necessary, I think, to get pressure applied to many people to be brought to a sanatorium, and this is quite true; if you could do, it would be better, or hospital.

(*Dr. Addison.*) I do not think it is advisable to say, "should be given its best chance by treatment at a sanatorium." I should say, "is given his best chance by treatment."

(*Dr. Bardswell.*) On sanatorium principles?

(*Dr. Addison.*) I think we should knock out the words, "In a sanatorium," altogether.

(*Dr. Latham.*) Continuous supervision.

(*Dr. Addison.*) That is treatment.

(*Mr. Willis.*) I think we can omit the paragraph altogether.

(*Dr. Niven.*) I think it is quite true, understanding that it is temporary, not necessarily permanent.

(*Mr. Davies.*) There is one point I should like to raise at the end of the paragraph, to add that treatment shall be made compulsory. That is a question we did not discuss before at our previous meetings, and I understand that the opinion of the Committee was that where possible there should be some compulsory powers to make these patients go to the sanatorium or into the hospital.

(*Chairman.*) But surely, there applies you take now 1s. 3d. a year you see. I do not quite see how we can advise powers of compulsion.

(*Mr. Davies.*) Well, you put up those institutions all over the country and people refuse to go into them. It seems to me so much waste money.

(*Dr. Leslie Mackenzie.*) I think it is very important that this paragraph should remain if there was a slight modification of the last sentence.

(*Chairman.*) That is the sentence we are on.

(*Sir George Newman.*) What modification do you suggest?

(*Dr. Leslie Mackenzie.*) Why not say it is sufficient that every case should be treated as far as possible on sanatorium lines, or some phrase such as that.

(*Dr. Mearns Fraser.*) Is it not better to leave out that paragraph altogether. What is the object of keeping it?

(*Dr. Leslie Mackenzie.*) Well, I think it is meant as a comment from XXIV. right on. I think it really carries out your meaning, Dr. Mearns Fraser.

(*Dr. Mearns Fraser.*) Yes, but sanitary treatment in a sanatorium is a great thing.

(*Dr. Lesley Mackenzie.*) But I am suggesting treatment, as far as possible on sanatorium lines, which means what we all understand: proper feeding, proper hygienic conditions, and so on.

(*Dr. Bardswell.*) The principles are described here.

(*Dr. Addison.*) Might I raise the point, sir, as to whether it is a fact—I am seeking for information—that every case will be given its best chance of treatment in a sanatorium? Is that a fact to come out to the world with any qualification?

(*Dr. Latham.*) Well, what I said before here was this: if your treatment is going to remove a man from debilitating conditions to put him in fresh air, and give him sufficient nourishment, and give him various things like tuberculin and so on, and above all to regulate his every action during the day by continuous medical supervision, I do not believe that you can do it satisfactorily to anything like the same extent, except in an institution, because you have your ideal conditions. You may do it at home, but you will not have the ideal conditions, and you will not have your medical man on the spot.

(*Dr. Addison.*) I see, Mr. Willis. Does that not throw us back on the suggestion that we should say most of those cases should be adequately treated at home?

(*Dr. Paterson.*) I did not say most; I was objecting to most. I said some of them, or many of them.

(*Dr. Addison.*) Would you not say you might have a person who was suffering from tuberculosis, but who, at the given moment, was moribund; would you not say at an appropriate stage, or something of that kind.

(*Dr. Latham.*) I quite agree there.

(*Dr. Niven.*) Would there not be some cases in which to remove the patients from their own homes would inflict such a great wrench upon them, that it would do them more harm than good even to the best sanatorium.

(*Sir George Newman.*) Say most.

(*Chairman.*) If you would put "most cases" that entirely meets it.

(*Dr. Philip.*) It is not a question of sufficient money; there are lots of cases, quite apart from considerations of money, which are treated perfectly well otherwise, and you put in "if sufficient money were available" as if that were the only deciding element in the matter.

(*Chairman.*) If we now put it "most cases" instead of "every case," that meets your point.

(*Dr. Philip.*) I should like to get rid of this conception.

(*Sir George Newman.*) Broadly, from the State point of view, it is finance. If what Dr. Latham is saying be true and we accept it, does it not mean that we should provide for all these people to have sanatorium treatment in the narrow strict sense of the term "treatment" in an institution called sanatorium. The answer to that surely is no, because the burden on the State is financial, so even that it is not a thing to be contemplated.

(*Dr. Philip.*) My objection is to the terms; I do not think it is desirable or necessary for "every case"

(*Dr. Bardswell.*) "Most cases."

(*Chairman.*) "Most cases."

(*Dr. Philip.*) I think that is too much.

(*Dr. Leslie Mackenzie.*) I do not think there can be much dispute that in "most cases" they do get their best chance in sanatorium, as a sanatorium is the best kind of hospital available.

(*Dr. Mearns Fraser.*) I quite agree with Dr. Philip, it is not necessary; in "most cases" it does not improve their chance.

(*Sir George Newman.*) It is not necessary, but it will be better.

(*Dr. Mearns Fraser.*) I do not even agree with that.

(*Dr. Meredith Richards.*) Treatment for a longer or a shorter period in a sanatorium. You want some qualifying statement.

(*Dr. Niven.*) At least for a time.

(*Chairman.*) What is your opinion, Dr. Paterson.

(*Dr. Paterson.*) I am absolutely of Dr. Latham's opinion that if you take every case of tuberculosis and put it into a sanatorium, certainly you are doing your best for it, and you will get the very best results, but I do not think it necessary for everyone to go in, because there is a certain number that could be treated without going in to a sanatorium, and it is a big financial burden to urge on the State to take everyone into an institution. I certainly think it is worth while trying on the general principles laid down here, treating as many as we can as out-patients.

(*Dr. Bardswell.*) That is my view, quite.

(*Dr. Jane Walker.*) And mine.

(*Chairman.*) The general consensus of medical opinion appears to be that the paragraph should stand with "most" instead of "every."

(*Dr. McVail.*) And in front of the "most" I would suggest that you insert "under existing conditions," just making it clear that sanatorium treatment is a conditional thing. There is the whole housing question related to it. "That under existing conditions most cases."

(*Dr. Mearns Fraser.*) Are you omitting "if sufficient money were available?"

(*Chairman.*) It does not follow that "if sufficient money were available."

(*Dr. McVail.*) No.

(*Dr. Mearns Fraser.*) Are you leaving that expression "if sufficient money were available"?

(*Chairman.*) That is our point

(*Dr. McVail.*) No, I would have that out.

(*Dr. Jane Walker.*) I am in favour of leaving that out.

(*Dr. Addison.*) You would put it in after the word "that," I suppose.

(*Dr. McVail.*) Yes.

(*Dr. Addison.*) Are you willing to consent that a farm labourer, somebody with a light job in the country, it might not be better for him, rather than cart him off to a sanatorium, that he should go on with his occupation, that he has his best chance of treatment in a sanatorium, at least for a time.

(*Dr. McVail.*) By a period of treatment in a sanatorium.

(*Dr. Addison.*) Would you admit that?

(*Dr. Latham.*) Yes.

(*Dr. Addison.*) That would educate the farm labourer.

(*Chairman.*) There is only section XXX. belonging to this, and then we will have finished.

(*Dr. McVail.*) But wait a moment, sir. Are the last three lines necessary now in view of the changes we made in the first paragraph?

(*Chairman.*) All right; leave them out.

(*Mr. Davies.*) I was going to suggest that the Committee should express some pious opinion, at any rate, if they do not go any further than that with regard to this question of compulsion, and whether we should add at the end of that clause: "The Committee are of opinion that local authorities should seek compulsory powers to enforce sanitary treatment under certain conditions." That is leaving it very broad and general. It is a suggestion to an authority that they should take action.

(*Chairman.*) What do you mean by compulsory powers to uphold certain hygienic rules or to compel him to go to an institution, whether he wants to or not.

(*Mr. Davies.*) To compel a man if he is a patient, if a tuberculosis officer thinks that he should be removed from his own house where he was probably spreading infection.

(*Chairman.*) Might I suggest, that really that point, if it is part of our Report, should be part of the Final Report dealing more with the preventive side as suggested legislation.

(*Mr. Davies.*) It does come here as part of this.

(*Dr. McVail.*) Might I suggest to Mr. Davis that he should look first to the provisions of the Public Health Acts, both in England and Scotland, before putting forward that suggestion. There are compulsory powers under these Acts for the removal of cases of infectious disease which require it, and I doubt whether it would be advisable to suggest with regard to a disease, which is recurring so frequently as tuberculosis, that additional compulsory power should be introduced. We have got to think of the liberty of the subject and the plea of natural affection within a family.

(*Dr. Addison.*) This suggestion comes from a layman; otherwise they would say, there is another instance of these tyrannical doctors.

(*Mr. Davies.*) Could Mr. Willis tell us what the results of this will be where, I believe, they smuggled through the House an Order.

(*Mr. Willis.*) It has only been in force two months; it is too early to say.

(*Dr. Paterson.*) They have got it in New York.

(*Dr. Addison.*) Under our scheme no insured person can receive sanatorium benefit except the Insurance Committee is satisfied with the whole of the conditions; the Insurance Committee has the whip hand.

(*Dr. Niven.*) That is not what you want; you would not take the man away and say, "you shall go there and stay there."

(*Dr. Leslie Mackenzie.*) The Public Health Act covers all that for Scotland.

(*Chairman.*) Then we will take section XXX. Is there anything on section XXX.?

AGREED.

(*Chairman.*) The next point is "Classification of Patients," XXXI. to XXXIX.

(*Mr. Stafford.*) I should propose, in connection with that, that you omit from XXXIII. to XXXIX., and put them into the Appendix as being really matters of return.

(Chairman.) XXXI. you mean?

(Mr. Stafford.) No, I would leave XXXI., the headings there, and XXXII., and I should omit from XXXIII. to XXXIX. which is merely amplifying something which might very well go to an Appendix, but which is not absolutely necessary in the Report. There is too much detail for a Report. I should put that in an Appendix as a very useful thing for local authorities, but it is not necessary at all in our Report; there is too much amplification, and too much detail.

(Chairman.) Your suggestion is to omit the whole classification to the Appendix. Does not that rather come with sanatorium treatment or with the diagnosis.

(Dr. Thomson.) I am only suggesting, if the Committee think of putting the details in the Appendix, in regard to the classification, they had better put classification *en bloc*.

(Mr. Stafford.) I do not object to that.

(Dr. Thomson.) It does not necessarily follow, because we have a definition of the dispensary committee in the Appendix.

(Dr. Mearns Fraser.) I would amplify it in some way, and it is exceedingly difficult to amplify it because all the succeeding paragraphs deal with classification. Although I do not think it is the best classification to work upon it seems to me, without going into a very big classification, they ought to stand.

(Mr. Willis.) Do you not feel, Mr. Chairman, that this Committee, as a whole, cannot express views, inasmuch as we do not profess to have any knowledge of them?

(Chairman.) Your suggestion, then, is that it should go into the Appendix?

(Mr. Willis.) It is sufficient for the Committee, as a whole, to say that they are satisfied that there are different classes of cases requiring different treatment. If this came out in the Appendix above the signatures of the people responsible for it, it would have considerable weight.

(Dr. Mearns Fraser.) The only other way is, this is a suggested form of classification; this is merely for the purpose of dealing with the various cases as they are dealt with in the Report, but it is not recommended as a universal classification that everybody should use. It is the classification adopted for this Report simply.

(Mr. Stafford.) That would meet my point.

(Dr. Philip.) I think we might quite agree that it might go in the Appendix. As one of the signatories, I should agree. I think the classification is open to a good deal of comment, but it is quite a good classification.

(Mr. Stafford.) I should not wish to tie myself down to the whole of the things in the classification.

(Dr. Niven.) Would you put it in this way, "That

must be carefully classified," and the suggested classification is given in the Appendix.

(Mr. Stafford.) Yes, I think so.

(Chairman.) The classification will stand as it is then, in the Appendix.

(Mr. Stafford.) Right.

(Mr. Willis.) It will come out, I take it, Mr. Chairman, under the signatures of the people who are responsible for it, will it not?

(Chairman.) Or we can say a sub-committee; certain members of the Committee, because probably if it is to come out under their names they would like to consider it more carefully than they have done at the present moment, but we can say certain members of the Committee have prepared a classification.

(Mr. Willis.) I think there is some advantage in actually having the signatures for this sort of thing, of people who are responsible for it; it will carry very great weight. It will carry more weight coming out under their signatures, I think, than under the signatures of the whole Committee, because the Committee as a whole cannot have these particular matters so completely in their cognisance. They can deal with general principles and the different arrangements of administration.

(*Dr. Latham.*) I think you will get the unanimous signatures, sir.

(*Dr. Bardswell.*) I am quite prepared to sign it.

(*Dr. Philip.*) Is XLV. included in what we are discussing?

(*Mr Willis.*) Down to XXXIX.

(*Chairman.*) Inclusive.

(*Mr. Stafford.*) Might we not do the same thing with XLI. to XLVI. with regard to the Institute; it is on the same ground.

(*Chairman.*) No. We are taking out all the details of the dispensary, and putting them in the Appendix; details of construction; but surely I think that the functions should be in the main body of the Report.

(*Mr. Stafford.*) Yes; but I said leave the functions which are stated in XL., but do not go into details; put XLI. and XLVI. in the Appendix.

(*Dr. Philip.*) I think that is rather in a different category, sir, because this is a distinct explanation.

(*Chairman.*) My own first impression is that the mere recital of Receiving House and Centre of Diagnosis Clearing House, Centre of Curative Treatment does not mean very much to the people who read it, and a large number of people will not read the Appendix. The Appendix will be read by people who want to build a sanatorium or dispensary, whereas it is rather important to get into their heads what the functions of a Clearing House are quite apart from details of construction. If you put it in the Appendix there is a chance of it being lost.

(*Mr. Stafford.*) The people who are interested are the people who are dealing with it. The other will to the Appendix, and they will look for it. The local authority is going to build. You simply give them here a rough outline, saying you find the details in the Appendix. Any person who wants to erect a Dispensary or Sanatorium will look to the Appendix.

(*Chairman.*) No. We want to impress upon them the functions, not the erection. There I entirely agree with you, but it is rather important, considering the nature of our Report, to make them realise the functions of the Dispensary, and that it should be really part, it seems to me at first sight, of the central document; of the main document.

(*Mr. Willis.*) Do you not think, Mr. Chairman, from the point of view of the Committee, as a whole, that could be put very much shorter, and then the experts who are responsible for this might again amplify it and bring it out as an Appendix.

(*Chairman.*) When?

(*Mr. Willis.*) In the course of the next ten days or a fortnight.

(*Chairman.*) Surely you delay it a great deal if it is to be re-written?

(*Dr. Niven.*) It is rather desirable we should discuss that, even if it is re-written afterwards.

(*Mr. Willis.*) You would rather retain it here?

(*Dr. Niven.*) I would rather have it discussed now.

(*Mr. Willis.*) Discussed. If it came out under the signatures of the experts responsible for it, it would not be, for the Committee as a whole, to discuss it.

(*Chairman.*) But surely is not this the opinion of the Committee as a whole, that these are its functions?

(*Mr. Willis.*) Yes, quite.

(*Chairman.*) Therefore I think it is more for the main Report.

(*Dr. Niven.*) There might be certain points; for instance, this is to be a centre of domiciliary investigation.

(*Mr. Willis.*) I have got a query against that.

(*Dr. Niven.*) That might be added to as part of the public health machinery. If that were put in I should not mind.

(*Chairman.*) We have got a notice, as a matter of fact, to re-write that particular paragraph.

(*Mr. Willis.*) I see.

(*Dr. Philip.*) On XLIII. do you not think the word "pulmonary," in the first line, should come out, dealing with tuberculosis as a whole?

(*Mr. Willis.*) Have we not already said that many of these cases can be successfully treated at home; I thought that was what we were on this morning.

(*Dr. Niven.*) I think we really ought not to pass this without considering this section. For instance, they will come on their own initiative, or be sent by their medical advisers, the Medical Officer of Health, health visitors, employers, clergymen, &c. I think that perhaps one is bound to get athwart the medical profession sometime.

(*Chairman.*) But you cannot prevent their coming. Are you going to insist that they should be recommended by a general practitioner when they come to the Dispensary.

(*Dr. Niven.*) Oh no, but you are going against the memorandum there.

(*Mr. Willis.*) Should not we say we have considered the representations submitted by the British Medical Association, in regard to this, but we are not able to adopt them; just to show that we have definitely considered them?

(*Chairman.*) When we come to the paragraph about the general practitioners to say we have adopted a large number of their suggestions.

(*Dr. Philip.*) You actually say here, sent by their personal medical advisers, that is to meet the British Medical Association.

(*Mr. Willis.*) We say they will come on their own initiation, too. It is open to everybody.

(*Dr. Philip.*) The endeavour was to meet both positions.

(*Dr. Niven.*) Supposing I am a doctor the clergyman calls at the house of a patient of mine and says, "Oh, poor man, you go down to the Tuberculosis Institute, they will put everything right for you. That is just the place for you to go to." Well, the medical adviser is not consulted in that case. I only just point out that it brings you up against the general practitioner. He would object of course. He would be furious at this clergyman interfering and taking his patient out of his hands and sending him down to the Tuberculosis Institute. If he sent him himself there would be no harm done, but if the clergyman did so he would be furious.

(*Chairman.*) Then is it your point that he must be accompanied by the general practitioner?

(*Dr. Niven.*) No, I do not say so, but it brings you up against this memorandum.

(*Chairman.*) Here we have the point. What is your opinion?

(*Dr. Niven.*) Well, you can not do it in all cases. I do not think you could. You must pay more attention to the susceptibilities of the petitioners.

(*Dr. Latham.*) Supposing the man is under the care of a general practitioner, what objection is there to that man having the general approval of the general practitioner? There is a large class of people who have got no doctor; they must go to the Institute or Dispensary without anyone. When a man is definitely fixed to be the patient of an individual doctor, do you not think we meet the British Medical Association when we say he should come with an introduction from that doctor.

(*Chairman.*) Are you to take away the right of a person merely because he happens to be treated by a particular doctor, of whom for the moment, he happens to be a patient, to go to the Dispensary?

(*Dr. Latham.*) No, I suggest putting in a more elastic phrase, so far as may be possible, patients who are already under the care.

(*Chairman.*) As matter of fact we are really all agreed that they will come or be sent by different persons. Only it is the opinion of the Committee that there should be some verbal alteration in the way it is presented. Perhaps you Dr. Niven and Dr. Latham would assist us?

(*Dr. Latham.*) Why not leave it out? Leave that out altogether. Not provoke suspicion or trouble.

(*Dr. Niven.*) There is no object in having it in.

(*Dr. Bardswell.*) At Oxford we send a postcard to the medical man saying, "A patient of yours has come up to the Dispensary, would you like him to be treated by us with you or without you?" It works very well down there I know. That is the correct way of doing it.

(*Dr. Niven.*) I think you might leave it to each place to settle its own business, and cut the sentence out.

(*Chairman.*) Supposing the sentence were cut out, how would it go?

(*Dr. Niven.*) Then it runs all right.

(*Chairman.*) They will come. Then cut out "clergyman, &c."

(*Dr. Niven.*) Yes.

(*Dr. Paterson.*) In connection with XL., before we leave it do you not think we should indicate some provision being made for people who wish to have their cattle tested for tuberculosis. We should indicate that it would be a good thing that facilities were provided for testing cattle.

(*Dr. Niven.*) Have they not a Tuberculosis Institute?

(*Chairman.*) Not under the Dispensary. That is not part of the Dispensary.

(*Dr. Paterson.*) Under the Medical Officer of Health I suppose it comes?

(*Chairman.*) I do not think that arises here. Keep that for the Final Report.

(*Mr. Davies.*) Would not that be part of the functions of the Tuberculosis Institute? At present there is absolutely no machinery, as far as I know, for any testing of cattle.

(*Chairman.*) But that is the Medical Officer of Health.

(*Dr. Niven.*) Certainly. We have a large herd of a hundred cows that supplies our Hospital.

(*Chairman.*) I do not think that arises here in connection with the Dispensary.

(*Mr. Davies.*) It would be a very desirable thing in a rural district to have an officer of that kind, and if he is attached to the Institute he would be of very great service.

(*Chairman.*) We are trying to deal now with the treatment of human beings on the preventative side. That will come in the Final Report.

(*Mr. Davies.*) Can we raise it on the Final Report?

(*Chairman.*) Certainly. XLI. passes. XLII.

(*Dr. Philip.*) Are you omitting the word "pulmonary," sir, in the first line?

(*Chairman.*) "Pulmonary" in what—XLII.?

(*Dr. Philip.*) XLIII., sir.

(*Chairman.*) We are on XLII. It is suggested to add at the end of the first sentence —. I will read the whole sentence as it stands: "When the diagnosis has been made the Tuberculosis Dispensary serves as a 'clearing house,' through which persons suffering from the various types of tuberculosis should be passed, whatever the form of the disease and whatever the authority or person responsible for meeting the expense of the treatment."

(*Mr. Davies.*) At the end of XLII. would it be possible to add "and that the voluntary societies"?

(*Chairman.*) "Other elements in the scheme," and that includes everything.

(*Mr. Davies.*) I think it would be advisable to make it a little more definite, so as to recognise the voluntary bodies.

(*Chairman.*) Then you will have to recognise them all, surely, if you are to begin the recognition of one or two. You mean to say to put "with voluntary and other elements."

(*Mr. Davies.*) "With other elements in the scheme, and with voluntary societies actively interested."

(*Dr. Niven.*) This seems quite clear. I think it is all right.

(*Mr. Davies.*) If it is quite clear that "other elements" cover that?

(*Chairman.*) If you want to put in "co-operate with voluntary and the other elements."

(*Mr. Davies.*) That would do.

(*Chairman.*) I do not know why. Surely, it is included.

(*Mr. Mearns Fraser.*) "Other elements" include everything.

(*Chairman.*) Yes, I should have thought so. XLIII. Now, Dr. Philip, you had a point.

(*Dr. Philip.*) The omission of the word "pulmonary." I think we should rather wish to keep up the larger idea of tuberculosis throughout.

(*Chairman.*) Can "pulmonary" be treated at home?

(*Dr. Philip.*) Oh, yes, glandular. Of course there are exceptional cases.

(*Dr. Latham.*) Take the large bulk of so-called tubercular cases, spine and joints, I should say

emphatically they can not be treated satisfactorily at home.

(*Dr. Philip.*) In a large proportion of the total, that is what I mean.

(*Dr. Latham.*) Provided you do not convey that you can treat certain cases.

(*Dr. Philip.*) I agree.

(*Chairman.*) Do you agree to omit "pulmonary"?

(*Dr. Niven.*) You cannot omit "pulmonary."

(*Chairman.*) You can leave it surely, and say, in some other cases, in a large proportion of cases of "pulmonary" and in some other cases.

(*Dr. Latham.*) A smaller proportion of so called.

(*Chairman.*) Is it necessary to put "of so called"?

(*Dr. Philip.*) The point is "pulmonary" is much the largest proportion, and if you say in a large proportion of cases tuberculosis must be, that has reference.

(*Chairman.*) That does convey the impression that a large proportion of all forms, whereas the suggested words make it quite clear that a large proportion —.

(*Mr. Willis.*) Leave out the "in" and say "a large proportion of pulmonary tuberculosis must be —."

(*Dr. Philip.*) The point is this, there has been considerable criticism regarding the Dispensary as limiting itself to pulmonary tuberculosis, and so far as I can see the purpose of this Committee is not so to limit this particular department. If it is to be limited strictly to pulmonary tuberculosis, there will be at once a considerable criticism that this Committee has only faced the question of pulmonary tuberculosis. My point is that we should widen the outlook and let critics outside see that we have viewed tuberculosis as a whole.

(*Mr. Willis.*) That we have viewed tuberculosis as a whole. You maintain that a large proportion of the cases can be treated successfully at home.

(*Dr. Philip.*) Yes.

(*Mr. Willis.*) Taking it as a whole.

(*Dr. Philip.*) Taking it as a whole.

(*Dr. Niven.*) There is another difficulty. That is not the great difficulty. If you put this sentence you imply that the cases can be treated either at home or at the Institute. Now the point is, the great bulk of surgical cases can be treated neither at home nor at the Institute.

(*Mr. Willis.*) Dr. Philip says the great bulk can be.

(*Dr. Philip.*) The great bulk of the whole, I beg to differ from Dr. Niven.

(*Dr. Latham.*) You do not want to convey the impression that a large proportion of surgical tuberculous joints and spines can be treated at home.

(*Dr. Philip.*) Certainly, a large proportion of glandular tuberculosis.

(*Chairman.*) I will ask Mr. Clarke to read the suggested alteration.

(*The Secretary.*) "A large proportion of the cases of pulmonary tuberculosis and some cases of surgical tuberculosis must be —."

(*Chairman.*) That meets your point?

(*Dr. Philip.*) I do not think it. I would ask the Committee, do you think the use of the word surgical is advisable? I do not think so.

(*Dr. McVail.*) No; surgical is not a proper adjective to apply to tuberculosis; it is a method of treatment.

(*Chairman.*) We are going to put it: "In some cases and other forms."

(*Dr. Philip.*) That is it.

(*The Secretary.*) Now it reads, "A large proportion of cases of pulmonary tuberculosis and some cases of other forms of tuberculosis can be successfully treated in the patient's own home."

(*Chairman.*) We are going to put in these words. Then XLIV. we were going to try and re-draft to explain really that it is a centre for the examination of contacts. We referred to contacts at different times, but we never defined them, and we thought this was a most suitable place in which to define contacts, and that is the meaning really of this, the centre where you get in touch with possible new cases.

(*Mr. Davies.*) May I ask, Mr. Chairman, what power the tuberculosis officer has of going to a house and asking to see.

(*Chairman.*) We thought it sounded a little too much like Russian police.

(*Mr. Davies.*) But he would have to be clothed with some power before he was able to do that.

(*Dr. Bardswell.*) The Medical Officer of Health has power of entering the house.

(*Mr. Willis.*) He will be the Assistant Medical Officer of Health.

(*Dr. Bardswell.*) Unless he were the Assistant Medical Officer of Health.

(*Dr. Philip.*) In practice, he would find no difficulty; that is never a point which has created difficulty.

(*Chairman.*) Then, XLIV., "After care."

(*Dr. Niven.*) You are not passing XLIV. in its present shape.

(*Chairman.*) No; it is to be re-drafted.

(*Dr. Niven.*) Because it does seem to imply in its present shape, the last sentence, that it is an entirely separate institution.

(*Mr. Willis.*) It is to be re-drafted, bearing in mind the duties of a Medical Officer of Health.

(*Mr. Mearns Fraser.*) With the formation of a "Care Committee." One of the most important things we have got at Portsmouth is a "Care Committee" acting in connection with the Dispensary. We have every charity in the town connected with this "Care Committee," and they follow up the cases in various ways. They will not need to assist the Insurance patients, they would assist the more or less poor patients.

(*Dr. Latham.*) Would not that come better in the Appendix?

(*Dr. Bardswell.*) The Appendix, I think, in some way as correspondence business.

(*Chairman.*) You could bring that in in your Appendix could you not, after care being closely in touch with voluntary, having a committee of ladies and gentlemen who will help in keeping alive discharged persons.

(*Dr. Latham.*) Finding work, giving food.

(*Chairman.*) That really would come in almost under the staff, would it not?

(*Dr. Bardswell.*) Yes.

(*Dr. Niven.*) That has to do with the scheme, it has not to do with the Dispensary, of course.

(*Dr. Mearns Fraser.*) It has to do with the Dispensary, because its headquarters is the Dispensary. I think that reference should be made to the Care Committee in this section.

(*The Secretary.*) Would it be possible to put in the words after medical "supervision by a care committee," with the help of a care committee.

(*Dr. Niven.*) It is better to make the "after care" in connection with the scheme, and not the Dispensary, because in many districts there would be no Dispensary in this sense at all. Then, again, its patients on discharge from the several institutions should be reported to the Medical Officer of Health.

(*Chairman.*) I think that really will have to come in the Appendix, because you cannot merely make a general reference to an "after care" committee, without explaining what you mean by such a committee.

(*Dr. Niven.*) Then the whole section goes.

(*Chairman.*) Then XLVI.

(*Mr. Willis.*) On section XLVI., Mr. Chairman, I think ordinarily the Public Health Department of the boroughs must be the centre for accumulating statistics and all that kind of thing. He is very much the man who possesses all this data in regard to all these other diseases, and it seems a wrong arrangement that you can pick out tuberculosis, and then start another organisation for collecting statistics.

(*Dr. Philip.*) I do not think this quite covers the same ground. It means detailed information in a way that will not likely come to the Medical Officer of Health, detailed records, clinical and otherwise. It is to emphasise the fact that the Dispensary must be a business-like institution recording and accumulating these records. Unless you emphasise that you will get a second-class Institute

(*Dr. Niven.*) Then you should not speak of the distribution of tuberculosis in the given area, because it is not a distribution of tuberculosis in the given area.

(*Dr. Philip.*) Anything like that by all means wipe out, but I am very emphatic that we want to try and teach Institutes to be consecutive in their records, otherwise we lose a large part of their potential —

(*Mr. Willis.*) This suggests that the Institute will prove of great service to the Public Health Department. Well, it will be a branch, as we have agreed, of the Public Health Department.

(*Dr. Philip.*) They will act concurrently, sir.

(*Dr. Niven.*) Of course the Medical Officer of Health would not put his records of observation at their service.

(*Dr. Mearns Fraser.*) The Medical Officer of Health has notification of disease, and of the deaths of every patient. They never go to the tuberculosis officer, and no records can be complete without those.

(*Mr. Willis.*) I think that wants a good deal of altering.

(*Dr. Niven.*) If it were simply put that it must be a centre of education. That is quite sufficient.

(*Dr. Philip.*) And that it is highly desirable that most careful clinical records be kept. That is the point.

(*Mr. Willis.*) We would agree about "careful clinical records," certainly.

(*Dr. Niven.*) It would be more an organising centre than a clinical centre.

(*Mr. Davies.*) Does Mr. Willis object to the Medical Officer of Health handing over to the tuberculosis officer the notifications of the disease which have come to him.

(*Mr. Willis.*) Yes, he could not; it would be illegal, I think, for him to do so.

(*Mr. Davies.*) Would it not be in the province of this Committee to recommend that these facts should be given to the tuberculosis officer.

(*Mr. Willis.*) Well, it is rather this way. Take the case of a large town like Liverpool, we look to the Medical Officer of Health of Liverpool to be the chief health officer, and to collect in his office all statistics of sickness, and all these cases of sickness from tuberculosis would also go to him. We should be turning the thing upside down, as Dr. Leslie Mackenzie says to pick out this one disease, and say there you are having a separate institution as it were, not quite definitely a part of the Medical Officer of Health's organisation, possibly even outside sometimes—in the case of Wales sometimes it would be quite outside—and to say that the Medical Officer of Health should have no statistics of that outside district.

(*Mr. Davies.*) The very reason why he should keep his own statistics, when the cases are notified to him by the general practitioner in the district, and he should then communicate with the Institute, and tell them that, if they notify certain cases, and it will then be the business of the tuberculosis officer to go and see those cases himself and find out the contacts.

(*Mr. Willis.*) Of course notifications are to be treated as confidential things. When a Medical Officer of Health gets a notification it is his duty to go to the place to see whether there is anything there that he ought himself to do.

(*Dr. Paterson.*) But it is not his duty to examine the contact. That is the duty of the tuberculosis officer under this scheme, and as long as the Medical Officer of Health puts the machinery in motion so that patients go to be examined, the contacts of the person who is notified goes for treatment, that meets the case.

(*Dr. Mearns Fraser.*) I do not think the notification can possibly take place at the Dispensary. You will get all classes of patients new to you, the well-to-do, and the poor. Supposing I send on these notifications to the Dispensary officer, if he is not an officer in my department I should probably render myself liable to an action of some sort.

(*Dr. Niven.*) Yes, certainly.

(*Dr. Mearns Fraser.*) You cannot send the patients there.

(*Chairman.*) But surely the Dispensary is going to be started by your department. In law it is a part of your department.

(*Dr. Niven.*) That is true in that case.

(*Dr. Meredith Richards.*) We will get all the notifications verbally.

(*Dr. Mearns Fraser.*) The officer will be instructed by the Medical Officer of Health as to which cases are to be interfered with and which are not, because the Medical Officer of Health is the person to judge of that.

(*Dr. Leslie Mackenzie.*) I should like to say, this, I presume, applies to Scotland as well as to England. It is one of the general directions. As Mr. Willis has said, the Medical Officer of Health in each locality is responsible to the Local Government Board for the whole statistics of his district, for the whole of the vital statistics of his district, including every form of tuberculosis. There is no difficulty whatever in understanding that in the working of a Tuberculosis Dispensary complete records of the dispensary work should be kept within it. That one would take for granted that it must keep records of your admissions, of your discharges, of the type of case and whatever other details are relevant to it. But I cannot see on what ground the medical officer should be required to supply to the Institute his records of notifications and such other facts as may come to his knowledge. It should be exactly the other way round, that the tuberculosis officer should transmit to the medical officer all the facts within his knowledge, because as far as the Medical Officer of Health is concerned he is a person that locally and under the Notification Act receives the notifications, and it is his business to get all the information. As Dr. Mearns Fraser says, a great number, possibly in some cases the great majority, of notifications will be of cases outside the special work of the Institute, so it does not really matter. It is again suggested that this Institute is a sort of independent organisation, to which the medical officer is to be a sort of accessory after the fact, as it were. Yet by what we are recommending it is really a department of public health work. Well, if it is so, the Medical Officer of Health is, for statistical purposes at least, if for no other, the chief officer to be concerned. I do not see the purpose of certain of these things at all; I could not accept them on the part of the Scotch Board.

(*Chairman.*) May I suggest that, as time goes on, the Tuberculosis Dispensary will accumulate facts and statistics by careful records on the case sheets and schedules regarding the distribution of tuberculosis in a given area, which will prove of great service.

(*Dr. Mearns Fraser.*) There are two classes of statistics; there are the clinical statistics, and there are the general statistics of the incidence of the disease in the town. The clinical statistics will belong to the tuberculosis officer.

(*Chairman.*) Shall we add the words "clinical facts and statistics"?

(*Dr. Mearns Fraser.*) That will be better.

(*Dr. McVail.*) I was endeavouring to draft something on the same lines. As time goes on the Tuberculosis Dispensary will give opportunity for accumulations of valuable facts and statistics regarding the distribution of tuberculosis in the given area. These records should be complete, and should be connoted with all other local records available in respect of tuberculosis, and should be fully utilised for the benefit of the community, thus retaining as much as possible of what you have, yet making no reference to the —

(*Chairman.*) What do you think of that?

(*Dr. Niven.*) Well, of course, I think you know that the facts and statistics added to those already in the possession of the Medical Officer of Health would be valuable, but I do not wish to raise any further point upon it.

(*Dr. Philip.*) I think that would meet our point, because the whole purpose of the dispensary records is as all records, to be placed at the disposal of the Medical Officer of Health. My position is entirely that this particular sentence should not have been here.

(*Mr. Willis.*) I should omit the whole paragraph myself, because the Medical Officer of Health will have complete records of the amount of tuberculosis in his area.

(*Dr. Philip.*) No.

(*Mr. Willis.*) Yes, he will under the Notification Act.

(*Dr. Philip.*) Nothing but pulmonary tuberculosis; that is the trouble, and in the dispensary you will have more than that.

(*Dr. Leslie Mackenzie.*) And the dispensary is part of his department by pre-supposition.

(*Chairman.*) Is there any objection to the paragraph as I read it out just now? "As time goes on the

" Tuberculosis Dispensary will accumulate facts and statistics by careful records on the case sheets and schedules, recording the distribution of tuberculosis in the given area, which will prove of great service."

(*Mr. Willis.*) I quite agree, and all the rest of that paragraph goes out.

(*Dr. Latham.*) We want the last two lines, I think.

(*Mr. Davies.*) I must say at once that I dissociate myself from the idea that these dispensaries should necessarily form part of the staff of the Medical Officer of Health, and I think the whole spirit of the Insurance Act, and after all the Committee must remember that these tuberculosis officers will be paid by these insurance committees —

(*Chairman.*) You were not here yesterday?

(*Mr. Davies.*) No, I was not.

(*Chairman.*) If you will read the section—I think it comes in about XC. or C.—you will find the Chief Medical Officer of the Dispensary is appointed by a joint committee of insured persons, and the local authority, to put it plainly, so that your point is met entirely, I think.

(*Mr. Willis.*) Whilst the Committee are recommending that as a general rule these Dispensaries should be organised by the county council or the county borough, I hope we will retain that word, as a general rule, because there may, as you put it, be exceptions—Wales—the whole of Wales may be exceptions.

(*Mr. Davies.*) But in rural districts I feel sure that they will not work.

(*Mr. Willis.*) The county council would not do it, you mean?

(*Mr. Davies.*) No, I do not think that they would, and there might be cases where the Institute would serve one county and part of another. It must all depend on the local conditions which exist in that particular locality.

(*Mr. Willis.*) Yes, quite.

(*Mr. Davies.*) And it seems to me also that it is a mistake; it will not assist the working of these Tuberculosis Institutes unless the notification of the disease is at the dispensary of the tuberculosis officer.

(*Dr. Leslie Mackenzie.*) I think the statement as amended by the Chairman removes that point from discussion at the present moment; I have no doubt it will be possible to adjust Wales to it when it comes to be discussed specially, but I mean that this paragraph as amended by the Chairman removes that difficulty for the moment at least; it does not raise it specially.

(*Mr. Davies.*) Well, it simply rules it out altogether.

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Niven.*) Is it under section XL. to put in referring to the necessity for beds. Under section XL. should there be a section referring to the necessity for beds to be attached to the Tuberculosis Dispensaries—under clearing house perhaps it might come.

(*Mr. Willis.*) Dr. Paterson made a great point at our early set of meetings as to the importance of having some beds at the Dispensary—some observation beds, did you not?

(*Dr. Paterson.*) Yes.

(*Mr. Willis.*) Is that brought out sufficiently?

(*Chairman.*) I gather that the position at present is; that the idea at the present moment is to have a certain number of beds in existing hospitals and to use them as your observation beds.

(*Dr. Mearns Fraser.*) At or near the Dispensary?

(*Dr. Niven.*) Attached to the Dispensary; it need not be much.

(*Chairman.*) That is to increase the cost of your Dispensary a great deal.

(*Dr. Niven.*) A great point was made of it.

(*Chairman.*) It was with a view rather of saving money that you might utilise beds in hospitals.

(*Dr. Niven.*) That might be attached to the Dispensary if they were in hospitals connected with the Dispensary.

(*Dr. Leslie Mackenzie.*) We were quite unanimous, so far as I remember, on that point about the desirability of having observational beds associated with the Dispensary, but, so far as I have noticed, it is not in the part of the Report so set down. It does not necessarily mean that each Dispensary building must

have beds, but that the beds for observational purposes should be associated with the dispensary.

(*Chairman.*) That ought to come in the appendix, surely.

(*Dr. Latham.*) I think it ought to come under the hospital question, the second unit—hospitals and sanatoria.

(*Mr. Willis.*) I should rather like to hear what Dr. Paterson has to say about that; I was under the impression that you thought it was essential.

(*Dr. Paterson.*) I still stick to that, that you must have beds, only I do not see much the need of beds in connection with the "Institute." As long as the man has the power to admit a patient into the beds, they may be in an existing hospital. For instance, if the Brompton Hospital came into this scheme; that they could use that for a good deal of London; that is my point.

(*Dr. Leslie Mackenzie.*) As long as you have beds associated with a dispensary and available for them.

(*Dr. Paterson.*) Yes.

(*Dr. Leslie Mackenzie.*) Would not that clearly come in under section XLII.?

(*Dr. Mearns Fraser.*) In that case he would also have to have a centre for observation, would he not? You have not.

(*Dr. Leslie Mackenzie.*) I might mention, sir, that since this Committee met I have been in communication with Dr. Chalmers in connection with his Glasgow experience, and he has considered this point particularly, and he has persuaded Dr. Paterson that it is certainly advisable to have observational beds if possible.

(*Dr. Niven.*) We might take it in hospitals, and I have no objection.

(*Dr. Leslie Mackenzie.*) You remember, Dr. Addison, in our previous discussion that in Dr. Paterson's statement it was understood to be desirable that there should be some observational beds, a small number for accommodation for a day or two, for a week, or whatever it might be, to let a complete diagnosis to be made.

(*Mr. Willis.*) I think Dr. Paterson said it was almost essential?

(*Dr. Addison.*) He did; we agreed to it.

(*Dr. Latham.*) Not necessarily in the dispensary.

(*Dr. Paterson.*) This bed question comes in the second unit.

(*Mr. Willis.*) It is part of the first unit; it is for use in connection with the dispensary.

(*Dr. Latham.*) It raises this question, who is going to be responsible? It is quite impossible from a question of finance to have beds built in the various dispensaries. You are to have 200 dispensaries all over the country, therefore it comes down for practical politics to the utilisation of the existing beds in voluntary institutions. If you are to try to get control of those beds for the dispensary officer beyond saying that he can admit a case when the case is eligible, you are to get into trouble at once with your voluntary doctors. You will probably be able to arrange that beds in a hospital like St. George's or Brompton, or any other hospital, are placed at the disposal of the central authority or the local authority provided the maintenance charges are paid and those beds will be at the disposal of the dispensary officer as far as the man is concerned, or possibly the treatment of the patient in the institution will be carried on by the staff at the hospital.

(*Chairman.*) Mr. Clarke has drafted some words, perhaps he can read out on XLII.

(*The Secretary.*) On XLII. after the sentence ending: "these persons will be classified by the tuberculosis officer in charge, and sent on to the person or institution providing the treatment appropriate to the individual case." "In connection with this work a small number of beds for observation purposes should be at the disposal of the tuberculosis officer."

(*Mr. Willis.*) Does that mean Dr. Paterson?

(*Dr. Latham.*) You do not meet the problem; it is a pious opinion.

(*Dr. Paterson.*) You do not meet the problem; it should be for observation and educational purposes.

(*Dr. Latham.*) Dr. Paterson is more thinking of Wales, where they have not got any general hospitals,

(*Dr. Addison.*) Would it not be possible to make the kind of beds that you are thinking of in existing houses?

(*Dr. Meredith Richards.*) It is unsatisfactory.

(*Dr. Addison.*) Just for these beds occupied for a short time.

(*Mr. Davies.*) I think Dr. Patterson's idea is this. Supposing you find in a particular town there is an existing infirmary or hospital that it would be possible to add on to that hospital or infirmary a ward for tuberculosis cases, and that that ward should be under the supervision of the dispensary officer.

(*Dr. Niven.*) It is highly desirable that it should be done as often as possible in connection with teaching bodies like the big infirmaries attached to teaching schools, because then you would get the best education available for the practitioners.

(*Chairman.*) That is Dr. Latham's point.

(*Dr. Niven.*) Yes. I quite agree.

(*Chairman.*) Would you mind reading the clause as it stands?

(*The Secretary.*) It will have to be fitted in a little differently because the next sentence will not hang together, still I think that can be put right. "In connection with this work a small number of beds for the purpose of education and observation should be at the disposal of the tuberculosis officer."

(*Dr. Addison.*) I should alter the heading to "Clearing house, observation station."

(*Dr. Paterson.*) I should not qualify the number, I should put "number."

(*The Secretary.*) Put "some"?

(*Dr. Addison.*) Yes, "some."

(*Dr. Mearns Fraser.*) You would have to have beds in every large town, you would have to have a resident medical officer.

(*Chairman.*) Then we return to XLVI., which has been altered.

(*Dr. Mearns Fraser.*) That alteration to XLI. will necessitate altering XL. Under No. (1) in brackets, Receiving house and centre of diagnosis and observation.

(*Chairman.*) It was coming on XLII.

(*Dr. Mearns Fraser.*) Yes. You see you have got several heads there, 1, 2, 3, 4. Then you deal with all these heads in subsequent paragraphs.

(*Chairman.*) It was coming on XLII. "clearing house and for observation."

(*Dr. Mearns Fraser.*) Yes, sir, but then you see in XL. you have put down "the function of the central tuberculosis institute should be to act as (1) receiving house and centre of diagnosis and observation."

(*Chairman.*) No, it would be (2) "clearing house and observation."

(*Dr. Mearns Fraser.*) "Clearing house and observation"; as long it was put in there.

(*Chairman.*) Oh yes, quite.

(*Dr. Philip.*) Do you not think that the last sentence of XLVI. should be amplified, sir, "In addition the institute will become a valuable centre of medical training." It seems to me that in view of the men we are wanting in the future to man these institutes we shall wish to emphasise this point a little bit. The dispensary will come to be perhaps the most important training ground for the men who are going to be in future in charge.

(*Chairman.*) Yes, as long as we agree. If you would not mind putting that on paper, and sending it in.

(*Dr. Philip.*) Surely.

(*Dr. Addison.*) One other point I should like to raise with respect to these statistics. I think, as far as possible, we should say that these statistics should be on a more or less uniform plan; that the case papers should be more or less on a uniform plan. A man moves from one district to another district; his case should fit in with the very same kind of case in another district.

(*Dr. Leslie Mackenzie.*) That might be made part of the conditions of travel; get a standardised form.

(*Chairman.*) You could put at the end, especially if they are standardised.

(*Dr. Addison.*) I should put a separate sentence; I think it is worthy of it; this is so important.

(*Chairman.*) Say that the statistics should be standardised and they should be at the service.

(*Dr. Addison.*) Yes, I think that might meet it.

(*Dr. McVail.*) Dr. Addison has not heard XLVI. as revised.

(*Chairman.*) Yes, I have shown it to him.

(*Mr. Davies.*) At the end of XLVI. would it be possible to add "the institute should be as far as possible able to utilise the services of district nurses" and arrangements should be made for these nurses, "or some of them, to be given a special period of training in the treatment of tuberculosis, so as to bring in the district nurses." I understand the nurses will have to be brought into co-operation with the officer in charge of the institute.

(*Chairman.*) Perhaps Dr. Philip, when he is amplifying the last sentence, could add that a centre of training of nurses as well as of doctors. That is your point, is it not?

(*Mr. Davies.*) That is my point.

(*Dr. Leslie Mackenzie.*) I thought Mr. Davies also meant utilising the services.

(*Mr. Davies.*) Yes.

(*Dr. Leslie Mackenzie.*) That would be rather more than training. I think, however, his point is that the district nurses should be among those that would be available for the work.

(*Mr. Davies.*) Of assisting this officer.

(*Chairman.*) The Secretary has made a note of that. Now we come to XLVII. Two amendments are suggested. We were thinking of them before coming to this meeting, and XLVII. would read as follows:—

"As has already been indicated, the Committee are of opinion, without pinning themselves too definitely to a figure that one tuberculosis dispensary will be required for every 150,000 to 200,000 or even more of the population in an urban neighbourhood. In rural neighbourhoods where the population is scattered it could only serve a smaller number, since it is impossible to have the dispensary at too great a distance from any particular part of the county."

(*Dr. Meredith Richards.*) Surely it is not intended that we are bound to have a dispensary in North Wales. That would be impracticable.

(*Mr. Stafford.*) I think if you confine it to the urban districts—but I do not think you can limit this thing even to rural districts or to attempt to limit it for 150,000 to 200,000 of the population. In rural districts in Ireland which are very sparsely populated it would be an impossibility.

(*Dr. Leslie Mackenzie.*) But the Chairman suggests a smaller number.

(*Mr. Stafford.*) He does, but still there is a definite suggestion of 150,000 to 200,000. We ought to say that due regard should be had to the incidence of tuberculosis. The incidence of tuberculosis in big towns is very much higher than it is in rural districts, and after all you are dealing, not with the population, but with the tuberculous population, so I think you ought to consult and have regard to the incidence of tuberculosis in various localities.

(*Chairman.*) Is not that more a question of increasing your staff or increasing the number of dispensaries?

(*Mr. Stafford.*) It is largely a question of the dispensary, what the dispensary is to serve.

(*Dr. Niven.*) It is clearly proved that the whole thing is a question of the staff, and services rendered by that staff. It is quite true; put on a proper staff, and one institute will serve the purpose of that sparse population. That clearly proves that the essential thing is the staff. Whether it belongs to the public health office or to any other office it does not matter; the institute becomes the staff, and the staff the institute.

(*Mr. Stafford.*) You are suggesting also county areas; some of these counties have not got 150,000 population in them.

(*Dr. Leslie Mackenzie.*) The next largest county in Scotland has only 22,000.

(*Chairman.*) We want to get some basis.

(*Mr. Stafford.*) But this is a very misleading basis.

(*Dr. Leslie Mackenzie.*) I think if some arrangement were made, taking account of geographical conditions for the non-urban districts. It is easy enough for towns, but the counties vary so much that a popu-

lation figure does not meet it all. In Sutherland there are only 22,000 in that enormous range of territory.

(*Dr. Addison.*) These should take the form rather of officers who would visit different parts of the locality at stated times.

(*Dr. Niven.*) Would it not do to add the words, "the character of the 'institute' may be changed to meet the changing conditions of population." You start in one case with buildings and all the rest of it; in another the character of the "institute" may be changed to meet the variations in the population.

(*Dr. Leslie Mackenzie.*) Yes, something like that would do.

(*Chairman.*) I think we are agreed that some other definition is perhaps necessary, and it is a drafting point; and it would be of assistance if several members of the Committee would send in suggestions. Well, then we have finished VIII. We now come to IX., that is to say, LI. XLIX. goes to the Appendix.

(*Mr. Stafford.*) What about XLVIII.?

(*Chairman.*) In the Appendix. LI.; it is suggested that this section LI. should be duties, qualifications, &c. Sir George Newman will put that section which he has been drafting before us.

(*Sir George Newman.*) Well, sir, I submit the following paragraph:—"The Committee desire to lay emphasis upon the necessity for securing suitable qualified and experienced medical men for the senior appointments in connection with the dispensary and sanatoria; indeed, the effectiveness and economies of the administration of the scheme suggested by the Committee is dependent in large degree upon the judicious selection of these officers, among whose duties will be both the selection and treatment of the cases receiving benefit. With a view to securing desirable officers, the Committee recommend that, in giving or withholding approval, the Local Government Board should take into consideration the whole management and staffing of these institutions, not alone from the point of view of advantage to the patients concerned, but in order to command the confidence and co-operation of the general practitioners within the area. Whilst not desiring to lay down any hard and fast conditions, the Committee is of opinion that preference should be given to registered practitioners of suitable qualification and experience, and not less than 25 years of age, who have held house appointments for at least six months in a general hospital, in addition to a similar period of attendance at a special hospital for the treatment of tuberculosis. They should also be competent to supervise such laboratory work as may be necessary." Well now, sir, this has had to be drafted in some haste, as there was other work to be done, in the luncheon interval, and perhaps it is not yet quite in the form the Committee would wish to see it finally, but the two points Dr. Latham, Mr. Willis, and I and one or two others who have consulted together in the matter, and the main points, I think, are included. What we felt about the qualification was that, at first, he should not be under 25 years of age, but, secondly, he should have had some experience of a general hospital, which could be most shortly stated, perhaps, by stating that he had held a house appointment in such a hospital; and, thirdly, that he had had some experience of the attendance, resident or otherwise, at some institution for the treatment of tuberculosis patients. We were anxious to include general practitioners who could not, in circumstances over which they had no control, go back again and hold a house appointment, but that they would be able to get some experience by attendance at a hospital for tuberculosis diseases, for a period of not less than six months. In this way we hoped to net in both the brilliant young man who has got in his view everything, and the man who is not a brilliant young man, but who it is important should be included in the preference which is suggested in this paragraph. There are two further points which we have discussed, and which are not included in this paragraph, and which you would wish me, sir, to submit to the Committee. The first point is that his appointment or dismissal should be subject to central approval, and the second point is that the Local Government Board should exert its

controlling influence by means of the periodical inspection of these institutions. Well now, sir, both these points are extremely difficult to state in a Report from this Committee. This Committee is not a statutory committee, and has not statutory powers. This is an advisory committee, appointed by a Minister of the Crown, to whom it will report, and therefore it is extremely important—and I feel the weight of these matters quite apart from what my colleagues have said—that we should not suggest a line of policy, or even a method in this matter to the Local Government Boards of the three countries, and that general remark applies to both these points, both to the question of the appointment and dismissal being subject to central approval, and the question of the means which the Local Government Board could take to exert its influence. On the first point I should like to add this remark, that although personally I feel the importance and value of including the condition of appointment and dismissal being subject to the central approval, I am bound to say, I do not see how it could be worked, that is to say it would have a moral value only. Now personally I should lay great store by its moral value. I should say the fact that the Local Government Board had the right of approval had a very excellent moral effect upon the various authorities recommending and making these appointments. I am quite sure of that from my own experience. I have seen over and over again the moral value which such an appeal to the central government has been, but on the other hand I do not recollect I have ever seen it exerted, or in operation, where it could not actually be enforced. It is quite true that the Local Government Board—and I am speaking of the English Local Government Board at the moment—is very slow to interfere, and I might say without presumption I think rightly so, slow to interfere with the various appointments exercised by local authorities. But on the other hand we have not only a right, but a power to interfere, as Mr. Davies was saying this morning, but in this issue they have neither the right nor the power, and if we make this recommendation, we are making a recommendation which I submit with great respect—and I think Mr. Willis will agree with me—we have no power really to enforce. I think he would also agree with me when I say that, broadly speaking, the advantage that we should get by including any such phrase in our Report would be of moral value only. I do not undervalue that moral value, but I think that would be the only value which it would have. Then with regard to the second point, I should like to add, sir, this further general remark, that I do not feel at all sure that it would be becoming or appropriate for this Committee to suggest to the Local Government Board what course or practice they should adopt in order to secure that influence and control which is theirs by statute. That is surely a matter of domestic policy for the advisers of the present Local Government Board themselves to determine, so with great respect to those who suggested these two points I am inclined on the whole to submit to the Committee that they will be well advised to adopt this rather general rigmarole here, than to make it too precise, and to be defining too precisely the powers which they would like to see, but which are not really provided for in the Insurance Statute. I am sorry I have not been able to draft it early enough to have typed copies; I do not know whether members wish to have it read again?

(*Dr. Mearns Fraser.*) Do you say the Local Government Board would have no control or power over this officer?

(*Sir George Newman.*) My submission is they have no power except a moral one.

(*Dr. Mearns Fraser.*) Who has control over him?

(*Sir George Newman.*) Apart from what has been stated in that paragraph, that if they choose under subsection II. of section LXXVII., to say we will make it a condition of our approval, that we will adopt the recommendation of this Committee as suggested in this paragraph, and we will make it a condition of our approval, that we will also include the approval of the stock and management, that is my recommendation, but beyond that I do not believe they have power to enforce their requirements.

(*Dr. Mearns Fraser.*) The point arises, then, who does control this officer?

(*Mr. Willis.*) He is appointed by the council.

(*Mr. Stafford.*) Could Mr. Willis give us his views about the powers of the Local Government Board?

(*Mr. Willis.*) I do not think I have anything further to add to what I said this morning about that. I agree generally with what Sir George Newman has said; I am a little doubtful whether we should not make the age 30 instead of 25; whether the man ought not to be aged 30 for this appointment.

(*Several Hon. Members.*) No.

(*Dr. Philip.*) Might we, in view of Sir George Newman's statement, hear the paper read once more, sir?

(*Dr. Niven.*) "Would it not be possible for the Local Government Board to make it a condition that the officers should be subject to approval on giving the appointment."

(*Mr. Willis.*) As I said this morning, Dr. Niven, I had some doubt myself whether it was necessary, whether one could not trust the large county boroughs and the county councils of England to make proper appointments. I think that is very doubtful. I hear from Ireland from the description Mr. Stafford gave us this morning from Ireland that everything is jobbed all round.

(*Dr. Niven.*) There are a good many officers appointed, and there will be a great rush of medical men for these appointments, and it is very important that the right man should be appointed.

(*Mr. Willis.*) We all agree with that.

(*Dr. Niven.*) That would be our excuse for taking powers.

(*Mr. Stafford.*) If England is so very pure in this matter is there any reason why we should not lay it down; if England never jobs, if you always choose the best man. If that is so can there be any possible objection to saying the Local Government Board will not appoint anybody who is not properly qualified. You will never have the circumstances arise to exercise these powers. But I do think, and I press it very strongly on the Committee, that they should lay down the qualifications for these men, and they should ask the Local Government Board not to sanction any appointment which was not a pure appointment and a good appointment.

(*Sir George Newman.*) Just to clear this single issue may I point out that we had hoped that we had met Mr. Stafford in this paragraph. I think he is met in the paragraph. The point that is not met in the paragraph is that the appointment and dismissal absolutely shall be subject to central approval. That is not a question of whether or not the Local Government Board should not make this part of their approval. The very conditions which you are laying down, the point that we aim at, is that the appointment and dismissal shall be absolutely subject to the Local Government Board. The other point I think is met in this paragraph. I am sorry the writing is so bad that I am afraid I must read this myself instead of asking Mr. Clarke to read it. The paragraph is as follows:—"The Committee desire to lay emphasis upon the necessity for securing suitable qualified and experienced medical men for the senior appointments in connection with the dispensary and sanatoria, indeed, the effectiveness and economies of the administration of the scheme suggested by the Committee is dependent in a large degree upon the judicious selection of these officers, among whose duties will be both the selection and treatment of the cases receiving benefit. With a view to securing desirable officers the Committee recommend that in giving or withholding approval the Local Government Board should take into consideration the whole management and staffing of these institutions, not alone from the point of view of advantage to the patients concerned, but in order to command the confidence and co-operation of the general practitioners within the area. Whilst not desiring to lay down any hard and fast conditions the Committee is of opinion that preference should be given to registered practitioners of suitable qualification and experience, and not less than 25 years of age, who have held house appointments for at least six months in a general hospital in addition to a similar period of attendance at a special hospital for the treatment

" of tuberculosis. They should also be competent to "supervise such laboratory work as may be necessary." I do not wish to detain the Committee longer, but I would like to point out that as it is worded at present if the Local Government Board accepted this and acted upon it it would mean that in making these appointments preference would be given to men who had done two things, not one or other of the two things, men who had done both; men who were not less than 25 years of age and who had done two things, viz., they had held a house appointment for at least six months, and also they had for a similar period been in attendance at a special hospital for the treatment of tuberculosis.

(*Mr. Stafford.*) I may say at once that I accept that. I was really arguing against Mr. Willis rather than Sir George Newman; I thought he was trying rather to go back to previous conditions.

(*Mr. Willis.*) Oh, no.

(*Mr. Stafford.*) I accept that as regards the qualifications. I am sorry to see the other part of it left out.

(*Dr. Mearns Fraser.*) There is one qualification there which would knock out a very superior officer I have in Portsmouth. It says "a medical man." This man is a woman.

(*Sir George Newman.*) Man means woman.

(*Dr. Jane Walker.*) It does not.

(*Dr. Mearns Fraser.*) Put "general practitioner."

(*Sir George Newman.*) I take out the word "man" and put "practitioner." I thought I had already done it.

(*Dr. Smith Whitaker.*) In hearing the paragraph read a second time, following the words "management and staffing" I cannot see why if the Local Government Board, without offence to the *amour propre* of the various local authorities, make it a condition of giving or withholding their approval, so that they should give or withhold their approval with regard to conditions of management and staffing, why we should not include in it what we want to include—these conditions of the appointment of the officers. The point I am particularly anxious to see is that the superintendent should not be appointed for a limited period; that he should be appointed without reference to time and subject to notice on either side, and why the Committee could recommend so many other things and not that I cannot understand.

(*Sir George Newman.*) It could easily include whole time.

(*Dr. Smith Whitaker.*) We have whole time; it is that they should not be appointed for fixed periods, but subject to notice on either side; subject to three months' notice on either side, not appointed for one or three or five years.

(*Sir George Newman.*) You are arguing for putting in this phrase, which is not included: "appointment and dismissal."

(*Dr. Smith Whitaker.*) No, I am not; I am arguing that you should put that the conditions of appointment should be—

(*Dr. Addison.*) You may put it at the end in a sentence. In Sir George Newman's draft it says: "hospital for the treatment of tuberculosis." Does that include an ordinary hospital for diseases of the chest? There are very few hospitals which are specially for the treatment of tuberculosis; there is a large number of hospitals for diseases of the chest, but they include all manner of diseases.

(*Dr. Latham.*) I think "hospital for tuberculosis" includes hospitals for diseases of the chest, plus certain other diseases.

(*Dr. Addison.*) Would you then say "a hospital for diseases of the chest," or would you say "a hospital for the treatment of tuberculosis."

(*Dr. Latham.*) I would make it as wide as possible.

(*Dr. Addison.*) I think "diseases of the chest" would be preferable.

(*Dr. Latham.*) It might be, but I do not know—at the present time you could get a sufficient supply of men; there is a limited supply.

(*Dr. Bardswell.*) "Any institution for the treatment of tuberculosis"; would not that do? That would cover them all—sanatoria, dispensaries, chest hospitals.

(*Dr. Smith Whitaker.*) I do not want to suggest any different appointment; "with a view to securing

"desirable officers the Committee recommend that in giving or withholding approval the Local Government Board should take into consideration the whole management and staffing including the tenure and other conditions of appointment of the staff in these institutions.

(*Chairman.*) Does not that meet with the approval of the Committee?

AGREED.

(*Chairman.*) Then LI.; are there any other points arising on LI.?

(*Dr. Mearns Fraser.*) Is that left in that he should be in intimate relationship with a medical officer of health, or is that being re-drafted? The second paragraph: "From the point of view of the clearing house he should be in intimate relationship with the medical officer of health"?

(*Chairman.*) Yes; the meaning is that some of them should be sent back to the general practitioners.

(*Dr. Mearns Fraser.*) Is that being re-drafted, or does that stand now as it is; that paragraph.

(*Chairman.*) That is coming up for discussion; it is not being re-drafted that I know of.

(*Dr. Mearns Fraser.*) That infers that he is an entirely separate officer to the medical officer of health. He is not under the control of the medical officer of health. If he is not under the control of the medical officer of health, we could not put in that he should be in intimate relationship with the medical officer of health.

(*Mr. Willis.*) Which is that paragraph?

(*Dr. Mearns Fraser.*) LI.

(*Dr. Smith Whitaker.*) Surely, sir, we are not to re-open that question either one way or the other. If he is a subordinate officer of the medical officer of health, then he is naturally surely in subordination to the medical officer. If he is not a subordinate officer of the medical officer, if he is an independent officer, you want to say that he shall be an independent officer, so that whatever we agree that should stand.

(*Chairman.*) LII. Relationship to the general practitioners.

(*Dr. Addison.*) I think this paragraph wants thoroughly amplifying. I think it is one of the most important ingredients in this scheme, and that it wants further elucidation. I have got Dr. Lauriston Shaw's memorandum. I received it last night. At midnight I was trying to draft out a paragraph on the subject. I am afraid I did not get very far. I think some of the points in Dr. Lauriston Shaw's memorandum, from the point of view of the British Medical Association, are very important, and we ought, as far as possible, to incorporate some of them, as far as we can agree with them, in a paragraph here. Therefore, I would suggest one or two of us might be instructed to draft it.

(*Chairman.*) I should suggest that Dr. Addison, Dr. Latham, and Dr. Smith Whitaker should try and amplify this paragraph. Then we come to LIII., which is the typed paper that you have before you, I think. You will remember that the details of sanatoria were taken out of the body of the Report, and were going into the Final Report, and we thought it would be advisable to put in a general summary which you will find before you. I have a few additional copies. Are there any points on this summary?

(*Dr. Addison.*) Are you dealing here with the beds for advanced cases? Is that dealt with here?

(*Dr. Latham.*) Yes, it is the last four lines in the first paragraph on the second page. It suggests that you should not have separate institutions for hopelessly advanced cases. If you have to give them institutional treatment, give them it in existing institutions, rather than in specially made ones.

(*Dr. Addison.*) Where is that said. I have not got hold of it.

(*Dr. Latham.*) "Further, the isolation and segregation of hopeless cases in separate institutions is unnecessary."

(*Dr. Meredith Richards.*) What page is it?

(*Dr. Latham.*) On the second page, "so long as it is possible to ensure adequate protection against the spread of infection." It does not cut very deeply.

(*Dr. Addison.*) If it would not cause any objection I should have thought, and Mr. Lloyd George thought, that we might use existing houses, something of that kind, where an institution is available, and, although this is a summary, we must remember that on the basis of this Interim Report, I take it certain authorities will draw up schemes. Therefore, I think we ought to suggest that we contemplate a number of these advanced cases shall be accommodated in houses for that purpose, and general practitioners could go and see them there, or anybody else that may be arranged with, but I think we should not confine it simply to hospitals.

(*Dr. Paterson.*) I quite agree; the idea is rather that they should not be labelled homes for the dying.

(*Dr. Addison.*) Oh yes, I sympathise with that.

(*Chairman.*) Are there any other points?

(*Dr. Mearns Fraser.*) On line 4 on the first page the paragraph commences: "Cases (*see class 2*) in which the working capacity is likely to be permanently restored require treatment in a sanatorium." That is not the case. In all cases where the capacity is likely to be permanently restored; they do not need sanatorium treatment.

(*Dr. Latham.*) You mean class 2, which you have already passed in your classification.

(*Mr. Willis.*) That classification is gone from the Report; that is omitted from the Report now.

(*Chairman.*) That is in the Appendix.

(*Dr. Mearns Fraser.*) Line 4 in the first page.

(*Dr. Latham.*) You could put in more general terms, say, "a certain proportion of cases would require treatment in a sanatorium after that"; would that meet you?

(*Dr. Mearns Fraser.*) That would meet me.

(*Chairman.*) What is your suggestion?

(*Dr. Latham.*) "A certain proportion of cases would require treatment in a sanatorium."

(*Chairman.*) After suffering from tuberculosis?

(*Dr. Latham.*) Yes.

(*Chairman.*) "A certain proportion of cases will require treatment in a sanatorium."

(*Dr. Addison.*) Leave the sentence as it is. If you put in the word "that" before "require."

(*Dr. Latham.*) Do you drop anything out? Cut out "the working capacity is likely to be permanently restored," you can do without sanatorium.

(*Chairman.*) The sentence now reads then: "A certain proportion of cases (*see class 2*) will require treatment in a sanatorium."

(*Dr. Mearns Fraser.*) You want to take out "*(see class 2)*."

(*Dr. Latham.*) You have taken out the classification and put it in the Appendix.

(*Chairman.*) "A certain proportion of cases will require treatment in a sanatorium."

(*Dr. Addison.*) I would like to know from our experts why are we leaving out this; there might be some cavil at the word "permanently," in which the working capacity is likely to be restored—this is a very important matter.

(*Dr. Mearns Fraser.*) My reason is, it says there if the working capacity is likely to be permanently restored they must have treatment in a sanatorium, well, that is not so, they can be treated through the dispensary.

(*Dr. Addison.*) It only says "a certain proportion of cases."

(*Dr. Mearns Fraser.*) As you have altered it now.

(*Dr. Addison.*) We say: "A certain proportion of cases in which the working capacity is likely to be materially improved."

(*Dr. Latham.*) It might be made a little more general.

(*Dr. Mearns Fraser.*) Put in "a certain proportion," it has the same effect.

(*Chairman.*) But your point is "permanently restored"; is it not class 2, not "materially improved."

(*Dr. Latham.*) Dr. Mearns Fraser and I differ a little on a purely medical subject. I think you are going to do the best for an individual of a certain class by getting him into the sanatorium. Dr. Mearns Fraser thinks you can get equally good results by treating that individual at his home; he does not think it necessary to send him to a sanatorium. I am

perfectly willing to modify my opinion so far as to say "improved."

(*Dr. Addison.*) Yes; working capacity might be left in.

(*Dr. Latham.*) I should like to leave that in.

(*Chairman.*) It meets you, if you put in at the beginning of the sentence: "A certain proportion of cases (*see class 2*)" and so on.

(*Dr. Mearns Fraser.*) "A certain proportion of cases" in which the working capacity is likely to be permanently restored require treatment in a sanatorium"; leave out class 2, because you have taken that out of the Report, have you not?

(*Chairman.*) Did I not gather from you, class 2, you expect to be "permanently restored."

(*Dr. Latham.*) Yes.

(*Dr. Niven.*) Why do you use the words "permanently restored," you cannot restore any man; I think if "permanently" were missed out, it would be better; do you not think so?

(*Dr. Latham.*) I do not mean it for eternity?

(*Chairman.*) What reading is agreed on?

(*Dr. Addison.*) "Materially improved" instead of "permanently restored"; you agree that we will all die in time?

(*Dr. Mearns Fraser.*) "Materially improved" is very weak.

(*Mr. Stafford.*) Knock out the word "permanently"; restoring "capacity."

(*Chairman.*) We will leave out "permanently."

(*Dr. Mearns Fraser.*) You are not putting in "materially"?

(*Mr. Stafford.*) No.

(*Chairman.*) Any other points?

(*Dr. Latham.*) Does the Committee accept that 5,000 beds on the second page, after the word "super-vision"?

(*Dr. Addison.*) I should like a word on that. Does that 5,000 apply to sanatorium beds, or does it also include beds for advanced cases?

(*Dr. Latham.*) It includes everything except sanatorium beds. Sanatorium beds are put at 6,000. You suggested that you wanted one bed for institutional treatment per 2,500 of the population. If you have 6,000 beds at sanatoria, that leaves you, roughly speaking, about another 9,000 for hospital persons, or 1 per 5,000 of the population, that is to say, you have 9,000 hospital beds, and 6,000 sanatorium beds, 15,000 beds all told.

(*Dr. Addison.*) Yes, but that is for England and Wales.

(*Dr. Latham.*) No, that is for 45,000,000 people.

(*Dr. Mearns Fraser.*) Would that include the poor law beds which are provided now?

(*Dr. Paterson.*) At the bottom of the first page it says there is a number of the poor law institutions which might be taken over; is that so, Mr. Willis?

(*Mr. Willis.*) Not many; there might be some.

(*Dr. Addison.*) We want our statements to fit with one another, and then the financial thing which we put forward yesterday, which was based on what our various authorities have been telling us put our sanatorium beds, based on an estimate of 1 per 5,000.

(*Dr. Jane Walker.*) One per 7,500.

(*Chairman.*) Yes, but that is on a basis of 1 per 7,500 in a sanatorium, whereas Dr. Addison had based his figures on one bed for every 5,000 of the population.

(*Dr. Latham.*) But the two combined; the 1 for 7,500.

(*Dr. Addison.*) One in 5,000 per population would give you 30 of these hospital beds for each dispensary unit; I am calling a dispensary unit 150,000 persons. Do you think you would reach so many as that?

(*Dr. Mearns Fraser.*) No; it is too many.

(*Dr. Addison.*) I thought the conclusion we had arrived at before was about 20 would be enough; 10 observation.

(*Dr. Latham.*) On the basis of Dr. Newsholme's one bed for every 2,500, I took it at 3,000; then it works out at this figure.

(*Dr. Niven.*) It all depends upon what use you make of your beds. If you are to treat patients in them for six weeks' preliminary treatment for tuberculin, you do not want so many beds, but for ordinary

purposes, for ordinary treatment, this is not too much.

(*Dr. Addison.*) Well, I must say I put one to 7,500 as it would fit in better with the remainder of our Report.

(*Mr. Stafford.*) We want fewer beds for late cases than for early cases.

(*Chairman.*) On what do you base these figures, Dr. Latham?

(*Dr. Latham.*) Well, I took it Dr. Newsholme said one bed for every 2,500, and we had already provided 6,000 beds for sanatoria, that is one bed for 7,500, and I have tried, as far as I am mathematically capable, to work it out, and I get 9,000 beds would be required for hospitals, on Dr. Newsholme's basis, that is to say, 15,000, which is really below his basis. He wanted 18,000. 15,000 beds, leaving 9,000 beds for hospital purposes, that is, 1 in 5,000 for the 45,000,000 of the population.

(*Dr. Mearns Fraser.*) Can you tell us whether this includes the beds which are provided in poor law institutions already?

(*Chairman.*) You mean these 6,000 sanatoria beds?

(*Dr. Mearns Fraser.*) No, I am referring to these 5,000 beds provided.

(*Chairman.*) 9,000 beds.

(*Dr. Latham.*) 9,000, 1 in 5,000 population.

(*Dr. Mearns Fraser.*) Does that include now the poor law beds, and does it include the beds which are to be provided in connection with the dispensary, and beds which are to be provided for the advanced cases, for the purpose of segregation; does it include all these things?

(*Dr. Latham.*) It includes the entire consumptive population.

(*Dr. Mearns Fraser.*) It includes every bed apart from sanatorium, and the sanatorium is for people we hope to cure entirely separate. The sanatorium is not for advanced cases, I take it. That makes it clearer that the sanatorium is for the selected cases; these beds are for all other classes.

(*Dr. Niven.*) These beds are in addition to the existing beds for the same purpose.

(*Dr. Bardswell.*) It includes them; there are 2,000 poor law beds, are there not?

(*Mr. Willis.*) One day in November last year, a census was taken of them, and there are nearly 9,000 in-patients, I think, tuberculous cases. They were altogether treating nearly 13,000 cases, the balance being treated as out-patients.

(*Dr. Latham.*) Do you know what Dr. Newsholme based his figure, 1 in 2,500, on?

(*Mr. Willis.*) No, perhaps Dr. Thomson can tell us that.

(*Dr. Addison.*) We worked at this question the other day. We reckoned the number of persons who had been through these observation beds would only stay a very short time. A certain number of others, three to four months in the sanatorium, leaving a certain number for advanced cases. The advanced cases would occupy a bed, we reckoned, for six months; I dare say some of these more. Of course, this estimate, as I understood from Dr. Newsholme, was based on the existing tuberculous population. Therefore it does not necessarily make allowance for a large number of them who are accommodated in the poor law beds at the present time.

(*Dr. Latham.*) Was not that giving an average of six weeks?

(*Dr. Addison.*) His educational beds, not for his advanced. If it is 1 in 5,000 your figure here includes the beds for inspection and instruction under the supervision of the dispensary officer. Then there is no discrepancy in our figures, because we put 3,000 for them and 5,000 for the advanced cases—6,000 for the advanced cases, making 9,000 altogether, which is exactly the figure you are estimating, if that is understood.

(*Dr. Latham.*) That is exclusive of sanatorium, quite?

(*Dr. Addison.*) Oh, yes, that is exclusive of sanatorium.

(*Mr. Stafford.*) I do not want to be committed to these figures; I should not like to commit myself to them.

(*Dr. Niven.*) The beds are one bed to every 7,500 persons for advanced cases. There are far more

advanced cases, of course, than recent cases, and a very high proportion of the advanced cases require to be removed from their homes. Of course, it may be said, you are dealing now simply with insurance cases.

(*Chairman.*) Do we agree on the number of sanatoria beds which are required for the treatment, leaving out hospital and other beds other than sanatorium beds, that is, for the very select curable cases. Do we agree on that as a minimum, that is to say, of 6,000 beds for the United Kingdom. I think we agreed on that the other day, did we not?

(*Dr. Bardswell.*) Yes, I think we did, sir.

(*Dr. Addison.*) Well, I agree to that, but I do not think we have any right to advise a financial division on that basis.

(*Chairman.*) That is the minimum; we are quite clear that is the minimum, that we have not had time to go fully into it, but we feel quite safe to recommend a minimum of 6,000 beds for the United Kingdom, of sanatoria.

(*Sir George Newman.*) Does that include the beds which already exist?

(*Chairman.*) I want to know whether that 6,000 takes in consideration all existing beds. It is in addition to the 4,000.

(*Dr. Latham.*) I take it for every bed you can utilise in existing sanatoria that you are deducting one bed from your 6,000 total?

(*Chairman.*) That merely means that 6,000 is the total needed at the present moment.

(*Dr. Niven.*) I should say including existing beds.

(*Sir George Newman.*) The burden, we know, is 6,000. There may be some in institutions now, and some not.

(*Dr. Niven.*) There may be some in institutions now, and some not.

(*Dr. Addison.*) We want to be very careful. If you say including existing beds, there are all kinds of beds which are called sanatorium beds, which we should not so call. We must be careful what we say that a large number of these beds are not worth calling sanatoria beds. People who run them and want to make a profit out of them think they are. If we say including existing beds we might be led to suppose beds which are now called sanatoria beds.

(*Mr. Willis.*) Take the most useful thing we can give to each county council, as it were, a figure, and they must ascertain for themselves what accommodation there is in their area, which is available as part of their scheme.

(*Dr. Niven.*) Besides, it does not matter. 6,000 is the total wanted whether it exists or not; that is the point.

(*Dr. Addison.*) It makes all the world of difference, as Mr. Willis very rightly points out, if the Local Government Board say we will make a grant on a certain basis. They must have at the back of their minds, although they do not publish it on the house tops, what that basis is. At any rate, if you are asking for only 6,000 beds, you would have one bed less than for 55 persons, and in order to be on the safe side in making your grants I would suggest the number of persons to whom the 11. should be allowed, should be higher than our minimum.

(*Chairman.*) Then is it the opinion of the Committee that in addition to existing sanatoria beds, some of which will be approved by the Local Government, in addition to that in our opinion a minimum of 6,000 beds in the United Kingdom is required.

(*Dr. Mearns Fraser.*) I think you ought to base it on the number of beds per population, not on the total number of beds which will be required. You do not know how many existing beds there are in the country now.

(*Dr. McVail.*) Could you not say 6,000 including suitable existing beds.

(*Mr. Willis.*) But you do not know how many they are.

(*Dr. McVail.*) But the 6,000 is to be the total.

(*Mr. Willis.*) All we can say is, for a county containing a million people the probability is that so far as we can say, so many beds are required; whether these beds exist now we do not know.

(*Chairman.*) Shall we take it as a minimum of one bed for 7,500. That is the way the 6,000 were got at.

That would include such existing beds as are approved a minimum for sanatorium.

(*Dr. Addison.*) I should strong oppose our coming to that conclusion at this moment, because if that is to be the basis of the contribution which is supposed to be made out of the Treasury grant—because it may possibly turn out, I hope it may turn out—that we want more than 6,000 beds, therefore I think it is very important if we are to lay down a basis for the distribution of this Treasury grant instead of sanatorium beds, it ought to be a bigger basis for our minimum.

(*Dr. Latham.*) You said at one of our meetings we must begin on the small side.

(*Dr. Addison.*) I agree with you.

(*Dr. Latham.*) You put the figure at 6,000 and we accepted it.

(*Dr. Addison.*) I do not think that figure ought to govern the money contribution that we suggest shall be made to authorities in respect of sanatorium beds.

(*Dr. Latham.*) We say at the start in that same paragraph this is on the conservative side.

(*Dr. Addison.*) Anyhow, as long as you do not want us to govern the proportion which the Local Government Board will sanction being distributed to authorities I have not a word to say.

(*Chairman.*) May I, just to clear my mind, as well as the minds of some of the other members of the Committee, we do propose to allocate the sum now.

(*Dr. Addison.*) Yes, but you must allocate that on a given population basis. You are bound to do that according to the Finance Act. If you say you are going to earmark, and think you are to require 6,000 beds, you will give for a less number of people than you would if you have to shift it up to 9,000 beds.

(*Chairman.*) But allocation per population is merely to the countries, England, Scotland, Ireland, and Wales?

(*Dr. Addison.*) The Local Government Board will allot it.

(*Chairman.*) Well then, the next point is this sanatoria.

(*Dr. Mearns Fraser.*) May I ask, sir, what we have decided on that.

(*Chairman.*) “That the basis” down to the bottom of the second paragraph on the second page of this typed report.

(*Dr. Mearns Fraser.*) With regard to the proportion of beds, have we decided that?

(*Chairman.*) We got on to finance really by mistake while we were discussing this other thing.

(*Dr. Mearns Fraser.*) We are leaving that over.

(*Chairman.*) We are leaving that over, is not that so?

(*Dr. Paterson.*) So far as may be possible the accommodation should be in connection with the general hospitals rather than the special institutions, about the fifth line down. Well, if the tuberculosis officer has got to look after these patients he will not be very welcome putting his nose into another person's hospital, and if we are to provide 9,000 beds I should think they would be separate institutions.

(*Mr. Willis.*) Where does that come?

(*Dr. Mearns Fraser.*) On the second page, fifth line down.

(*Dr. Addison.*) I must say that I think this is not good. You have lumped together in hospital accommodation two different things, viz., the number of beds that you want under the tuberculosis officer for the purpose of inspection. Then entirely different from those you want for advanced cases. You have lumped them both in one paragraph, that is where all the confusion has come about; you want a separate paragraph.

(*Dr. Paterson.*) Since the last meeting of this Committee I have come to the conclusion that it will be better to have all these beds under the tuberculosis officer, because if you take any early active cases into this hospital and rather advanced chronic cases, and some of the patients go out alive and get well, some go to the sanatorium and get well, you will not have the difficulty to get the advanced cases to go in to die. If everybody who goes in gets carried out you will have great difficulty in getting people to go in. As long as you have at a hospital curative as well as preventive it will serve this purpose.

(*Dr. Mearns Fraser.*) You want to indicate what numbers you require for each class of case.

(*Dr. Paterson.*) I admit they go in; will everybody go in; they are educational and otherwise.

(*Mr. Willis.*) It seems to me we have got very little data to justify us in this figure of 5,000 really.

(*Dr. Paterson.*) And then again, of course, if you take all these dying patients, the 13,000 that die in the infirmaries, they will not die in these beds, and these beds are in existence. It is a matter of being able to deal with them.

(*Dr. Niven.*) You cannot lay down positively how many sanatorium beds would be required. We do not know. I do not think we can say anything about it at present. Unless you are a hospital supplying a definite area with a given population, you cannot tell. You have no means as far as I know; all these hospitals supply indefinite areas. I estimate that what we require in Manchester under ordinary conditions would be 200 beds in sanatoria.

(*Chairman.*) Well, gentlemen, in case any of you want to go, there will be a meeting to-morrow at half-past ten. I had hoped to get through the Report to-day. If we could come to some general conclusion as to finance now it would certainly be an advantage.

(*Dr. Mearns Fraser.*) May I suggest that this section should be re-drafted in the meantime, if possible get some facts as to the number of beds that are existing, and the number of beds we want. I believe Mr. Willis was going to get us some information as to the number of beds in the country.

(*Dr. Niven.*) It is a wilderness. You have no way of arriving at any conclusion, except a very rough conclusion. If we had any sanatorium that was supplying a definite area that would help us, but we have not. I have endeavoured to arrive at a conclusion as regards our population, which is 716,000, and on the ordinary lines of treatment of three months—three months' treatment—we would require about 250 beds, that is to say, if you treated all your cases; probably you would not treat all your cases.

(*Dr. Addison.*) That is one bed for 3,000.

(*Dr. Niven.*) Well, you might make it 150,000, which is not very far off this figure of one to 5,000, it comes very near to it. But I should say the figures, as regards chronic cases, severe cases are altogether different.

(*Chairman.*) But is there not a further difficulty. We agreed there was a certain number of beds in fever hospitals, &c. which could be used. We have no idea what the total number of these beds is at the present moment.

(*Dr. Niven.*) No; but I would point out that in Manchester again, with a population of 716,000 there are over 400 beds for advanced cases available, and that these are always packed, and it is quite hopeless to deal with these cases. The guardians are at their wits end what to do with them. No doubt phthisis is worse in Manchester than it is elsewhere. But you do want more beds for advanced cases than you do for early cases. There is no doubt about that, at least for urban communities, and I should say possibly if we were to provide an additional 100 or 150 beds we might relieve the situation, but I do not know. We should have to use the money in every way possible, in order either to get proper treatment, or to provide proper houses. I see no reason why the sanatorium benefit should not be utilised in the houses in which the people may live.

(*Sir George Newman.*) Excellent, but wholly *ultra vires*.

(*Dr. Niven.*) But you give tents, which are more expensive.

(*Sir George Newman.*) That is under a subvention from the Exchequer *re* Housing Committee. What would be the best way of stating it in the Report. Would it not be a better way of stating it as so many beds per population rather than lay down any fixed number?

(*Dr. Niven.*) I would rather not lay down any fixed number. I think each place is different, and the practice would vary according to the way of treating cases. Dr. Mearns Fraser will tell you he does not want so many.

(*Dr. Mearns Fraser.*) I want one for 7,500.

(*Dr. Addison.*) Dr. Niven at Manchester wants one bed for 3,000; Dr. Mearns Fraser says he wants one for 7,500. If we take one bed for 5,000, say, we have the medium.

(*Dr. Niven.*) It all depends upon the method of dealing with the disease. One in 5,000 is all right.

(*Dr. Addison.*) If it is all right, I have nothing more to say.

(*Dr. McVail.*) Your statement of 5,000 is very carefully guarded. The sentence has to be read as a whole, and it is all right as it stands.

(*Sir George Newman.*) One in 5,000.

(*Dr. McVail.*) Guarded as it is in the print.

(*Sir George Newman.*) It says: "The number of beds required is problematical, but may be provisionally put at the rate of one bed for each 5,000 of the population."

(*Dr. McVail.*) You do not say "very problematical." You should put in "very."

(*Chairman.*) I am to ask Dr. Paterson to read out the figures that they worked out for Wales. First of all they worked them out on their own. Then they heard the discussion in the early meetings of this Committee; they reviewed their position, modified it to a certain extent, as the result of the discussion which they had; so, if I may say so, the Welsh members of this Committee have considered this question longer than we have, and as a basis of discussion I think we might hear their conclusion.

(*Dr. Paterson.*) I know when we first discussed it we came to one in 2,500, and that was the figure that Dr. Newsholme arrived at quite independently of us.

(*Dr. Addison.*) Before you go any further, does that include sanatorium, and advanced cases, and observation cases, and the whole lot.

(*Dr. Paterson.*) That is including sanatorium cases.

(*Chairman.*) Only?

(*Dr. Paterson.*) Only.

(*Dr. Addison.*) I went through your report and got my figures out of your report. My impression was it included the whole lot. I am sure it did.

(*Dr. Paterson.*) We have since modified it, and come down to one in 7,500.

(*Dr. Mearns Fraser.*) The difference will depend entirely on the number of patients you are to treat at your dispensaries, and the number you are to treat at sanatoria. It is entirely on the number you are to treat that the number of beds depends. I put a low number of beds because I propose to deal with patients at the dispensary. That is the difference.

(*Mr. Stafford.*) In a particular area of 350,000 in Belfast, the board of guardians of Belfast provided sufficient accommodation for this particular area, and they provided 417 beds. They are cram full at the moment.

(*Dr. Niven.*) If you admit treatment in the homes as part of a connected scheme, is it not open to you to give any assistance?

(*Sir George Newman.*) To what?

(*Dr. Addison.*) I must say I have spent hours and hours over this business, and I have gone through every one of the reports, and I think you will find these things here contain practically the average of all these various reports. I think it is very inadvisable for us to state definite figures. It is much better to put it in the form of proportions to population and, at the same time, leave ourselves with a good margin. We have not said anything at all about a margin for emergencies. This series of resolutions which I ventured to submit yesterday are worked out on these lines, and it leaves us with a quarter of a million absolutely uncalled for, even when all these requirements are fulfilled as set out on this other table, and the requirements there are considerably more than are budgeted for in any requirements which have been put forward.

(*Chairman.*) You have taken the United Kingdom as a whole, you have a quarter of a million left. You as representing Ireland, you as representing Scotland, is it your idea that it should be taken as a whole, as the United Kingdom, or that each country should be taken separately?

(*Dr. Leslie Mackenzie.*) I think it will not matter really, but for the purpose of assumption. Probably it would be a safer figure that the United Kingdom

as a whole should be taken for making this provisional figure, but when it comes to the details we have only our own limited amount to disburse, so I think probably it would be a steadier, more equitable figure, so to speak, if we did take the United Kingdom as a whole; it is conjectural at best.

(*Mr. Stafford.*) I do not know that you can apply that to Ireland, because the incidence of tuberculosis is very much higher in Ireland. We have got three cases for two you have to deal with, therefore you have to make much larger provision.

(*Dr. Addison.*) With respect to Mr. Stafford's point, the whole of Ireland is not like Belfast, that is, one particular corner which has special conditions. In the West of Ireland, where there are sparsely populated districts, you could not have institutions, the people would not go to them, so that you would reduce your average beds required in institutions. If you equalise the whole of Ireland you would find it is much the same, allowing a bigger margin of beds. You see, the sparsely populated districts will not require as many beds per thousand as an urban population, and some of Ireland is sparsely populated.

(*Dr. Niven.*) That may be, but this figure must be hopelessly wrong as regards the advanced cases, because this will give us one in 7,500, that is 750,000, is it not? Very well, they have 400 beds packed, and they do not know what to do to accommodate the patients, even allowing for the difference between the urban and the rural, it is quite manifest that one in 7,500 will not be enough for the treatment of advanced cases.

(*Sir George Newman.*) What about one in 5,000.

(*Dr. Niven.*) I should not like to say; I do not think that would be enough.

(*Mr. Stafford.*) I think you want a bigger proportion. I agree with Dr. Niven, for late cases than for early cases.

(*Chairman.*) Not at the present moment, but later on you will be getting more early cases than advanced cases.

(*Dr. Addison.*) You have already got a large number of these beds. This estimate is for additional beds, and you have already got a large number of beds.

(*Mr. Stafford.*) Poor law.

(*Dr. Niven.*) The great object of providing these beds is to keep the infection away from the homes to relieve the people in that respect, therefore it is now that you want your beds, not at some remote period, it is now that you require to make provision, and as regards insured cases, I regret to say that I think a very large number of your insured cases will be in the ranks of the advanced cases before you know where you are. Some of the cases go on very rapidly, others get bad before attention is called to them, and you will very soon have a large number of advanced cases.

(*Dr. Addison.*) Well, sir, of course, it saves our finance, if we were to transpose these items, you put sanatorium beds at one for 7,500, and you bring down your advanced cases to one bed in 4,000, we should still not be spending as much money. The capital expenditure for beds for advanced cases is not so much per head as it is for sanatorium cases, so we should ultimately be saving money on that.

(*Dr. Niven.*) Not so much; so far from being only the 40*l.* I think it was, the maintenance is likely to be more than for sanatorium beds.

(*Dr. Addison.*) They allow 50*l.* a year; about that.

(*Dr. Niven.*) Everything is expensive about advanced cases, the nursing is expensive.

(*Dr. Leslie Mackenzie.*) Might I give one figure that we know to be the case. Assuming the total beds to be one in 7,500 of the population, as a provisional figure for the population of Edinburgh and Leith which would be approximately 400,000, that gives us 53 beds.

(*Dr. Addison.*) For advanced cases?

(*Dr. Leslie Mackenzie.*) I am taking in all cases. Well, in actual fact, Dr. Philip's Victoria Hospital accommodates about 66 sanatorium cases. The Leith Public Health Hospital accommodates about 20 cases, mainly sanatorium cases; the Edinburgh Fever Hospital will now accommodate 72 cases, that makes a total of 158 cases, in actual use at this moment. That does not include 116 beds that are in constant use in the City Poor House. If we added that it would be 274

beds are in actual use at this moment in the city of Edinburgh, as against the 53 that would be given us by the 7,500 limit. If you take 5,000 as the limit, that would give us 80 beds for all purposes.

(*Dr. Addison.*) Well, but for all purposes it is one bed for 2,500.

(*Dr. Leslie Mackenzie.*) Supposing it were 2,500, that would give us 160. Well, in point of fact, including the poor law beds, we have 274 at this moment, and that is not nearly enough, of course.

(*Dr. Niven.*) The provision is nothing like sufficient to give much relief in respect of advanced cases, even supposing it is added on to the existing large provision.

(*Dr. Addison.*) 160 more beds.

(*Dr. Leslie Mackenzie.*) That would about do it, at least it would be enormously better; I do not say 160 sanatorium beds.

(*Dr. Bardswell.*) When any of them have died in their own homes, Sheffield had the same difficulty, but they push them through a local dispensary very quickly, and then draft them home to die there after education. They have 40 beds they use for that purpose.

(*Dr. Niven.*) If you simply push them backwards and forwards as you choose you can reduce the number of beds that you are going to require, but that is not to be allowed under the Insurance Act. That may be quite certain. You will have the whole population rising upon you, and that is another point I should like to urge. Any way out of the difficulty, certainly.

(*Chairman.*) I am to ask Dr. Addison, Dr. Paterson, Dr. Mearns Fraser, Dr. Leslie Mackenzie, Dr. Latham, and Sir George Newman to meet us here a few minutes before 5 o'clock to try and discuss this financial question, so as to put it before the Committee. Mr. Clarke and I will try and draft something afterwards, and put it before you to-morrow.

(*Dr. Smith Whitaker.*) As regards sanatoria, not as regards dispensaries, because there are some very important points.

(*Chairman.*) We are only on beds.

Adjourned till to-morrow at 10.30 a.m.

TUBERCULOSIS COMMITTEE.

SIXTH DAY.

Wednesday, 3rd April 1912.

PRESENT :

Mr. WALDORF ASTOR, M.P. (*Chairman*),
presiding.

Mr. CHRISTOPHER ADDISON, M.P., M.D.

Mr. N. D. BARDSWELL, M.D.

Mr. DAVID DAVIES, M.P.

Mr. A. MEARNS FRASER, M.D.

Mr. A. LATHAM, M.D.

Mr. W. LESLIE MACKENZIE, M.D.

Mr. J. C. McVAIL, M.D.

Mr. W. J. MAGUIRE, M.D.

Sir GEORGE NEWMAN, M.D.

Mr. JAMES NIVEN, LL.D. M.B.

Mr. MARCUS PATERSON, M.B.

Mr. R. W. PHILIP, M.D.

Mr. H. MEREDITH RICHARDS, M.D.

Mr. T. J. STAFFORD, C.B., F.R.C.S.I.

Miss JANE WALKER, M.D.

Mr. J. SMITH WHITAKER, M.R.C.S.

Mr. F. J. WILLIS.

Mr. ORME B. CLARKE (*Secretary*).

ALSO PRESENT :

Dr. THEODORE THOMSON, C.M.G., M.D., o
the Local Government Board.

(*Chairman.*) Dr. Addison, as you know, has taken a great deal of trouble to put material before us in connection with the finances, our financial recommendations, and as he has not yet arrived I think we might hold that over for the moment, and I would put before you, and I think we might now discuss our summary of the principal recommendations. I have got alternative proposals here. These are slightly modified. I have drawn up this second draft, which is headed "Summary of Principal Recommendations," since the original draft Interim Report was set up in type, and I think it is possible that it may fit in more with the Interim Report as it has now been passed by the Committee. I would like your opinion upon it.

(*Mr. Stafford.*) If somebody does not take it up they will all leave it alone.

(*Chairman.*) We have got the full details as to who shall take it up in the Report itself.

(*Mr. Stafford.*) We rather want someone to start it in the county. If you do not put the responsibility upon some people to start it a good many would leave it alone; do you not think so?

(*Mr. Willis.*) I should prefer in the summary to precisely say that we think that schemes dealing with the whole of the population should be drawn up by county councils or county borough councils at the earliest possible date on the lines recommended in this Report.

(*Mr. Stafford.*) I should say so, because if you say merely locally it would mean that in one place they would take it up, and in another place they would leave it alone.

(*Chairman.*) Well now, what about boroughs.

(*Mr. Stafford.*) Say county boroughs.

(*Mr. Willis.*) Councils of counties and county boroughs, and that is what we have agreed to in the Report, and it is a very important point to mention in the summary.

(*Chairman.*) Very well, would you then suggest it to the Committee. We are now on the first recommendation.

(*Mr. Willis.*) I should say that schemes dealing with the whole population should be drawn up by councils of counties and county boroughs or combinations of these bodies at the earliest possible date on the lines recommended in this Report.

(*Dr. McVail.*) Would not that require to be in consultation with some of the central authorities. Can you not suppose that there may be existing county councils in county boroughs who would be so unwilling

to take any step in advance that if you left it to them of their own accord to begin drawing up their interpretation of the words "earliest possible date" might be something which would not in the least suit the views of this Committee. I think you are running into that chance a very great deal.

(*Chairman.*) At an early date you mean?

(*Dr. McVail.*) Supposing that we agree as Mr. Willis says, and that as a matter of fact districts in which there is little or no public health activity refuse to go on or delay and use red tape and officialism in order to delay, how are they going to be brought to to the scratch?

(*Mr. Willis.*) Well, as matters stand I am afraid they cannot be brought to the scratch. They are under no legal liability in this matter and I hope it will not happen.

(*Chairman.*) The financial inducement is the only thing.

(*Mr. Willis.*) That is the lever.

(*Dr. McVail.*) They are under no legal liability and there is only the financial inducement.

(*Mr. Willis.*) As regards England and Wales too, they are under no legal liability.

(*Dr. McVail.*) Yes, and supposing the financial inducement does not work, is the whole provision to wait until the composition of these bodies changes, or until pressure in some way can be brought to bear upon them in order that progress be made. That would be failure.

(*Mr. Willis.*) I think that is the position as you have described it and it may conceivably be a failure. That, I think, is a defect perhaps in the Act.

(*Chairman.*) But may I suggest, you will very soon have the insured persons who will want sanatorium treatment or sanatorium benefit, and they will exercise pressure in the locality where they happen to be living, and the ratepayers also will say, surely when the November election comes and the council goes out, "You had an offer of a grant of four-fifths or three-fifths from the Treasury to relieve the rates, why did you not take it." I think that is to be the lever.

(*Mr. Stafford.*) As matter of practice what will really happen will be this, that the Local Government Board will write to the county councils and point out the urgent necessity of the county councils taking action at once in this matter, so that I think it will be brought fairly early before them.

(*Chairman.*) I think it is quite possible that we might put in "at an early date" instead of "at the earliest possible date."

(*Dr. McVail.*) But we are thinking of the 15th July, that is when the Act comes into force and when the sanatorium benefit begins under the Insurance Act.

(*Chairman.*) But it is quite evident the whole of the sanatoria will not be ready by the 15th July, whatever we say.

(*Dr. McVail.*) But I am speaking of sanatoria and the thing that can first be brought into practice, the dispensary part, what is the greatest amount of influence and pressure that can be brought to bear to get the dispensary part begun and extended.

(*Chairman.*) That is why we offer four-fifths for dispensaries. I think that we state that somewhere.

(*Mr. Willis.*) Perhaps I might remind the Committee, Mr. Chairman, that the Local Government Board sent to the Committee copies of a draft of a circular that they had been proposing to send out, and in that circular they do press on all the bodies concerned, the importance of dealing with the matter at once, at any rate to the extent of getting some dispensaries. You saw that draft circular?

(*Dr. McVail.*) Yes.

(*Mr. Willis.*) That is all that can be done I think.

(*Dr. McVail.*) Dr. Smith Whitaker is so intimate with the matter from the insurance side, I ought to be too, is there any possibility of bringing any pressure to bear from the insurance side to hasten this.

(*Dr. Smith Whitaker.*) Well, sir, I do not know about pressure, but I imagine that in all probability, as regards the English Commission at all events, some steps will be taken at the earliest possible date to stir up the approved societies throughout the country to call their attention to the fact that sanatorium benefit begins from the 15th July that we hope they will immediately begin to

consider the matter in their several localities in anticipation, by the formation of insurance committees, although the insurance committees will not be formed and anything that can be done from the central office, to facilitate the insurance authorities taking their proper part in the organisation, will, I think the Committee may assume, be done, and speaking from the Insurance Commission point of view, I think, sir, that perhaps it might not be amiss if some reference were made in this Report. I do not think the Insurance Commissioners will take it as any reflection on them if this Committee expresses the hope that the several Local Government Boards and the Insurance Commissioners will in their respective provinces do what they can in the early future so that the matter may be started from date. I have mentioned the matter to my colleagues from Scotland. I gather the Scottish Local Government Board and the Scottish Insurance Commissioners would not regard it as any reflection upon them if anything of that kind were put in.

(*Mr. Willis.*) I rather feel it is not necessary. You have already had a draft circular which the Local Government Board proposed to send out in February. I brought that up because of the appointment of this Committee. Directly this Committee has reported they will send out another circular and you are not to do any good by that kind of thing.

(*Dr. Leslie Mackenzie.*) I may say, sir, in the memorandum sent by Dr. McVail and myself as representing the Scottish Commissioners and the Scottish Local Government Board we stated, after consideration by them, that the Local Government Board are prepared to make a survey of the whole of Scotland with a view to inquiring fully as to what the needs for sanatoria are and of making the different areas that will be most suitable for that, and we have agreed to do that officially, and I believe it is already done, so that as far as we are concerned we are very ready, so it is immaterial to us whether any recommendation is put in or not, because that is really what we have started to do by the first issue of circulars three weeks ago.

(*Chairman.*) After all I think we are agreed that the Local Government Boards of the various countries and the Insurance Commissioners are prepared to expedite matters. The whole object of this Committee is to make local authorities realise the importance of doing something, is it not?

(*Mr. Willis.*) Yes, quite so.

(*Chairman.*) I think it would meet the point, if we confined it to locally.

(*Dr. Mearns Fraser.*) May I suggest that in the first paragraph you should put "schemes dealing not only with the insured persons, but with the whole population." It would make it a little more emphatic that this Board does deal with the whole population.

(*Chairman.*) We have put the whole population. Do you not rather agree that the summary should be as brief and as crystallised as possible?

(*Dr. Mearns Fraser.*) It is only a suggestion, I caught some words in conversation you were discussing locally; were you not also to say something on that? I do not think it is quite the correct word to use.

(*Chairman.*) That has been taken out, and it now reads: "That all schemes dealing with the whole population should be drawn up locally at the earliest possible date on the lines recommended in this Report."

(*Dr. Mearns Fraser.*) That is better, sir.

(*Dr. McVail.*) Councils of boroughs or county boroughs, or in Scotland county councils and burgh councils; we have not the term "county boroughs" in Scotland.

(*Chairman.*) Yes, well, could not we put local authorities; that would cover all countries.

(*Dr. Leslie Mackenzie.*) Not quite, because a local authority means a district committee in a county and in a burgh only; it would cover the burghs, it would not cover county councils as such, and it is important they should be explicitly mentioned.

(*Dr. McVail.*) We can adjust that with Mr. Clarke.

(*Chairman.*) Can we say "all county councils and other local authorities?"

(*Dr. Leslie Mackenzie.*) That is all right.

(*Mr. Willis.*) Just a little footnote about Scotland

would be clearest; you do not want, in a summary, to go into all sorts of variations.

(*Dr. Leslie Mackenzie.*) Agreed.

(*Chairman.*) Would "county councils and other authorities" meet your point.

(*Dr. Mearns Fraser.*) "And county borough councils."

(*Dr. Leslie Mackenzie.*) I think it would be better to keep it as stated for England and put a footnote, that would be clearer.

(*Sir George Newman.*) I am not sure if the paragraph would not read a little better if we added after the word "report" "with due regard to the incidence of the disease and the requirements of the area." I think that it would be an advantage to local authorities of all kinds engaged in this business to be reminded even at the end of the Report that we recognise that those two factors of the incidence of the disease and the area and all the various requirements of the area are the two main factors which we have got to consider in drawing up such schemes. I only submit this for consideration; I do not press it if the Committee think it better omitted, but it seems to me to make a more complete statement with some such words as these.

(*Chairman.*) Your words are, "with due regard to the incidence of the disease and the requirements of the area."

(*Sir George Newman.*) "With due regard to the incidence of the disease and the requirements of the area."

(*Dr. Niven.*) "With due regard to the incidence of the disease" might go in with advantage. I do not see that the other is necessary.

(*Sir George Newman.*) Perhaps "existing facilities in the area" would be better.

(*Chairman.*) No, that comes in in another paragraph; we have got that.

(*Sir George Newman.*) I do not press it, sir.

(*Dr. Niven.*) There will perhaps be a general tendency to take the outline of the scheme which is mainly intended for populations, it might be well to put in "with due regard to the incidence of the disease." I quite recognise that.

(*Dr. Addison.*) It cannot do any harm.

(*Dr. Mearns Fraser.*) "And the requirements of the areas." I think it is of importance.

(*Dr. Jane Walker.*) "And the requirements"; I think the requirements of the area are very necessary to be taken into account.

(*Dr. Leslie Mackenzie.*) Might I suggest, Mr. Chairman, that instead of "requirements" we should say "the special conditions of the area," which will include geographical conditions and other things in Scotland, and it would draw special attention —

(*Dr. Jane Walker.*) Surely that is included in "requirements"?

(*Dr. Leslie Mackenzie.*) Yes, but leave out "requirements," say "special conditions" instead of "requirements."

(*Dr. Jane Walker.*) Does not the "requirements" include "special conditions"?

(*Dr. Leslie Mackenzie.*) Yes, it does, but not in quite the same way.

(*Chairman.*) As before the Committee it now reads, the whole paragraph, "that schemes dealing with the whole population should be drawn up locally at the earliest possible date on the lines recommended in this Report with due regard to the incidence of the disease and to the special conditions of the area."

(*Dr. Addison.*) I thought it was "county councils and other local authorities"?

(*Sir George Newman.*) "County councils and other local authorities," would that meet each constituent part?

(*Mr. Willis.*) I think it is clear to give the reference to the English and then by a footnote to say —

(*Sir George Newman.*) I agree, only I thought it better to have the words very general.

(*Mr. Willis.*) We do want to press that essential principle that we want the county and the county borough.

(*Chairman.*) Then, on the second one; are there any suggestions on the second one?

(*Dr. McVail.*) Does the word "important" in the second one mean "practicable"? Is it called "more important" because it is easier?

(*Chairman.*) "More important" in point of view of time.

(*Dr. McVail.*) Yes, "more important" in point of view of time. Behind this is the feeling that it will be more practicable to get dispensaries established in accordance with the requirements of the locality than a sanatoria.

(*Chairman.*) Yes, that is it.

(*Dr. McVail.*) In that case would it not be better to introduce the word "practicable" lest the paragraph, as it stands, be regarded as expressing an opinion as to the relative value of dispensaries and sanatoria in ultimately dealing with the disease.

(*Chairman.*) Well, "in point of time," of course, was put in.

(*Dr. McVail.*) Yes, to cover that.

(*Chairman.*) Yes. We could put in "in point of time" in front of "more important."

(*Dr. Mearns Fraser.*) I should be inclined to take out "in point of time" altogether.

(*Chairman.*) We might word it like this: "That in the opinion of the Committee the establishment in working order of an adequate number of tuberculosis dispensaries is more important in point of time." Would that meet your point?

(*Dr. McVail.*) Yes, or "more practicable"; does it come to the same thing?

(*Mr. Willis.*) No, I do not think it does.

(*Dr. McVail.*) Very well.

(*Dr. Leslie Mackenzie.*) What I do not understand, Mr. Chairman, is in what respect this is more important in point of time, because it is quite true you can provide it more rapidly, but what I quite expect in Scotland will happen is that the demand for hospitals will just be as much as for dispensaries. In fact it is already a very big demand.

(*Chairman.*) We really do not know how many hospital beds are required, yet we need the dispensary really as a clearing house before we can finally say so many sanatoria beds or so many hospital beds are required.

(*Dr. Leslie Mackenzie.*) I cannot quite accept that as a matter of historical precedence, because it is not working that way with us. With us as in point of time the word "important" seems to me to convey a little more than a —

(*Mr. Willis.*) These tuberculosis dispensaries can, as a matter of fact, be set up at once.

(*Dr. Leslie Mackenzie.*) At once.

(*Mr. Willis.*) Because it does not need a lot of building.

(*Chairman.*) May I suggest the word "necessary" instead of "important"?

(*Mr. Willis.*) Well, that is hardly the idea, is it? You only want to urge, do you not, that dispensaries can be provided in the course of a month.

(*Dr. Leslie Mackenzie.*) You can just go on with them at once; that is what I gather.

(*Chairman.*) And also that this will give us information as to the number of sanatoria and other beds required.

(*Dr. Latham.*) Does not the word "practicable" meet your view?

(*Dr. McVail.*) Would not the word "practicable" instead of "important" meet it?

(*Dr. Addison.*) I think "practicable" is better than "important" there; easier.

(*Dr. McVail.*) I think the word "practicable" really involves what is meant here, and involves no difficulty in doubtful points.

(*Dr. Niven.*) Why not say as "more immediately practicable"?

(*Chairman.*) May I suggest this: "That in the opinion of the Committee the establishment in working order of an adequate number of tuberculosis dispensaries is in point of time more necessary than the establishment of other institutions"?

(*Dr. Thomson.*) I do not see that that really gets to the point. There is some difference of opinion, even in the Committee, as to the respective need for these different parts of the scheme. If I realise the situation properly, there are some at least on the Committee who think that the dispensary should start first, because it can be started so readily.

(*Chairman.*) In our early meetings we discussed

this, and we rather came to the agreement that the dispensary was the earliest line—the first line, if I may say so. We had a very full discussion upon it then.

(*Dr. Leslie Mackenzie.*) Does not the word “important” convey rather more than —

(*Chairman.*) I am now suggesting the word “necessary” instead, “is more necessary.”

(*Dr. Niven.*) We had a discussion which rather showed that the dispensaries were not a necessary part; that in place of dispensaries you might have officers, that in fact the dispensary might consist largely of officers as apart from buildings.

(*Chairman.*) After all, the whole Report gives details of the first unit, of the first line, viz., the dispensary, and I mean that is what we produced in our Interim Report. We say the second line—sanatoria and others, which therefore, in our opinion, are not so necessary—will be dealt with fully in the Final Report. I do think that some word such as “necessary” really connotes more with the general tendency of the Report.

(*Dr. Addison.*) I think, sir, with respect, I have a form of words which hits the various conflicting suggestions: “That in the opinion of the Committee the establishment in working order of an adequate number of tuberculosis dispensaries in point of time is the first to be created and the more easily established than the other necessary institutions.”

(*Dr. Mearns Fraser.*) You do not want to put in a thing simply because it is more easily established, unless it is to be valuable; there is no object in putting up things simply because they can be put up quickly.

(*Dr. McVail.*) Yes, but Dr. Addison’s words include the view that dispensaries are necessary; he says, “than other necessary institutions,” so that dispensaries are included as necessary in his suggestion.

(*Mr. Willis.*) Mr. Chairman, would this alternative meet it: “That in the opinion of the Committee the immediate establishment in working order of an adequate number of tuberculosis dispensaries is necessary and practicable”?

(*Dr. Niven.*) That involves the definition of dispensaries so as to include these cases where buildings are not required.

(*Mr. Willis.*) Oh, quite, it covers all we mean by it.

(*Dr. Niven.*) Still, it wants a definition.

(*Chairman.*) I think Mr. Willis’s suggestion meets the whole of our objections.

(*Dr. Philip.*) Is it necessary to put in “in the opinion of the Committee”? They are all the opinions of the Committee.

(*Mr. Willis.*) No, we could knock that out: “That the immediate establishment in working order of an adequate number of tuberculosis dispensaries is necessary and practicable.”

(*Chairman.*) Well, then, on the third, Sir George Newman has suggested a verbal alteration: “That so far as possible grants in aid of the establishment of tuberculosis dispensaries should only be given when such institutions will eventually form constituent parts of complete schemes.”

AGREED.

(*Chairman.*) IV.

(*Dr. Addison.*) Well, I have an alteration to move on IV., sir; I think you have said nothing about maintenance.

(*Dr. Leslie Mackenzie.*) Have we settled the point, Mr. Chairman, about existing institutions?

(*Mr. Stafford.*) That is what I am raising; does not this exclude any existing institutions?

(*Dr. Philip.*) I was just going to raise the same point; it does not seem quite clear how existing dispensaries would come in here unless one qualifies “establishment” somewhat.

(*Mr. Willis.*) Well, of course, they would come in if they are approved, because they would receive sums from the Insurance Committee for treating their patients to that extent they would come in; they do not get the capital.

(*Dr. Philip.*) But why not?

(*Mr. Willis.*) Well, if the thing is in existence what are you going to do with the capital? Supposing someone has provided a dispensary and there is no debt on it, what would you do if you gave a grant?

(*Dr. Philip.*) I have rather in my mind a certain number of dispensaries which have no actual institutions of their own which have not had any capital expenditure

that are running from day to day and from hand to mouth; how are you to deal with them? It would be most desirable that such good institutions should have a permanent building, and therefore they are entitled, are they not, although they are already established—using a rented house for example?

(*Dr. Addison.*) That is solved by Dr. Philip by the last words of the recommendation: "grants should only be given where such institutions will eventually form part of a complete scheme." Such a place as you are recommending would come into a scheme and then, of course, it would come in for a grant; it would qualify for a grant.

(*Dr. Philip.*) My difficulty is as to the word "establishment."

(*Chairman.*) May I suggest: "that so far as possible grants in aid for the establishment of tuberculosis dispensaries or grants to existing ones should only be given"?

(*Dr. Smith Whitaker.*) Might we not use the exact words of the Act, which would avoid all difficulty, "but so far as possible grants in aid of tuberculosis dispensaries." That is the wording of the Act; grants in aid to sanatoria or other institutions, then we avoid the prejudging the question in any way. Take out the word "establishment" and simply say "grants in aid."

(*Sir George Newmam.*) "Grants in aid to ——"

(*Dr. Smith Whitaker.*) "To tuberculosis dispensaries should only be made where such institutions will eventually form constituent parts of complete schemes."

(*Mr. Stafford.*) It shows that this is unnecessary, seeing it is already made by Parliament.

(*Sir George Newman.*) No.

(*Dr. Addison.*) I have a special paragraph I want to move on the general practitioners, and I want to know whether I should make it an addition to this or by a separate recommendation?

(*Dr. Leslie Mackenzie.*) Before you depart from this question of grants in aid, are we to understand that this is limited entirely to capital expenditure.

(*Chairman.*) Yes, at present.

(*Chairman.*) Now on IV. gentlemen; is there anything on IV.?

(*Dr. Leslie Mackenzie.*) I am sorry to worry about these grants in aid in this amended form now; would it perfectly cover both maintenance and capital? As it stood originally it was to come to assist in the establishment of tuberculosis dispensaries. That is quite clearly capital, but now it is grants in aid to tuberculosis dispensaries.

(*Chairman.*) But surely, does not the word "grant in aid" only refer to capital?

(*Dr. Leslie Mackenzie.*) Well, it is not perfectly clear.

(*Mr. Willis.*) This is the phrase from section LXIV. of the Act.

(*Dr. Leslie Mackenzie.*) And does it refer only to capital?

(*Mr. Willis.*) If you give to a dispensary a certain amount of money for treatment you are not giving a grant in aid any more than if you go to a shop and buy a hat you are giving a grant in aid to the hatter. You are buying something with your money.

(*Dr. Leslie Mackenzie.*) I am not giving a legal opinion, but I know there is doubt expressed about it.

(*Dr. Addison.*) In any case you would not recommend the Insurance Committee to give grants to dispensaries which did not form part of the scheme.

(*Dr. Leslie Mackenzie.*) I am quite agreed as to that.

(*Dr. Smith Whitaker.*) If there is any doubt, I agree with Mr. Willis that a grant in aid must mean practically a grant under sections LXIV. of the Act. We could say under section LXIV. of the Act.

(*Chairman.*) Or put capital grants in aid.

(*Dr. Smith Whitaker.*) Or put capital grants in aid.

(*Dr. Addison.*) I should demur to that. I think it should be clearly seen whether it was capital or towards maintenance.

(*Chairman.*) If we are to deal with maintenance we must have separate recommendations; it does not fit in.

(*Dr. Addison.*) I think it refers to both.

(*Mr. Stafford.*) It is really a question of the interpretation of a section of the Act of Parliament; that

is the real point. No matter what recommendation you give here it cannot interfere with the interpretation that may be put legally upon this section of the Act of Parliament; is not that so?

(*Dr. Smith Whitaker.*) Surely in regard to the section in the Act of Parliament there can be no doubt whatever. The section in the Act refers purely and solely to such sum as may be provided under another Act, of the present section of the Finance Act of last year, so if there was any question there as to whether a payment from an insurance committee can be regarded as a grant in aid, I really do not understand how it could be so.

(*Chairman.*) A grant in aid only refers to capital.

(*Dr. McVail.*) If that is quite clear—it is not my own opinion I am expressing at all—I am quite pleased; it is only we should know what it is we are recommending, is it capital or is it maintenance.

(*Chairman.*) Legally, I think, a grant in aid is only capital.

(*Dr. Leslie Mackenzie.*) That is not the view taken in Scotland.

(*Dr. Addison.*) I hope we are not to narrow this down to capital. I know it does not refer only to capital. A person does not go to a dispensary quite as Mr. Willis suggests, as a man goes to a shop to buy a pound of cheese. The people who go to a dispensary are not the people who really contribute at all; they do not supply the money to buy the cheese, neither do those who contribute receive a quantity of goods delivered, or in other words the patients supply that; give something towards its maintenance.

(*Mr. Willis.*) The Insurance Committee will take that as for services rendered.

(*Dr. Addison.*) I hope they will not.

(*Mr. Willis.*) It is a matter of contract.

(*Dr. Addison.*) In any case there is no harm in our recommending that any grant which goes to an institution for capital or maintenance should only be given to an institution which is approved. I do not see any objection to that.

(*Dr. Meredith Richards.*) You mean financially?

(*Dr. Philip.*) We are all agreed as to that, simply the Chairman has indicated that this refers to capital grants solely.

(*Dr. Addison.*) Yes, but I do not want them to refer to capital grants. I want it clearly laid down that we object to contributions in aid, whether it is payment for work done or whatever it is, to any institution that is not within this scheme.

(*Mr. Willis.*) One of the main objects of this Committee is to guide the various Government departments concerned as to the distribution of this money, for which they are responsible. That is very important.

(*Dr. Addison.*) It would equally guide the departments. I think the Government departments will be equally guided, but also somebody else will be guided if we say that maintenance will only be assisted if it comes within this proper scheme, because I can quite imagine a local authority preparing a scheme or what not and the fact that they know that this institution will be assisted in its maintenance will make a considerable difference to the kind or character of the institution which they will provide. A great deal of difference. It will be a guide to the central authorities, but it will also be a very useful guide to local authorities not to seek to bring into the ambit of the scheme institutions which will not afterwards be recognised.

(*Chairman.*) May I say I think we might very well discuss recommendations of maintenance, but that they should come in in a special recommendation to local Insurance Committees, practically as that Dr. Addison has suggested. I do not think it quite fits in in this present place.

(*Dr. Leslie Mackenzie.*) There will be no objection therefore, in saying, as you said a little while ago, that capital grants in aid only should be given, and then you can say the same thing if you see fit as to maintenance grants.

(*Dr. Smith Whitaker.*) Grants in aid can only be taken on capital, nevertheless, I hope we shall not restrict it in that way, because if you do say only be taken on capital, you are suggesting that there was no

other grant in aid conceivable it might be. Do not let us prejudge it. If we leave the general term it suits both parties it seems to me.

(*Chairman.*) Then we will leave it grants in aid.

(*Mr. Stafford.*) That is it.

(*Chairman.*) On IV.; are there any points on IV.?

(*Dr. Niven.*) Supposing, Mr. Chairman, the term "grants in aid" is legally taken to mean capital grants in aid, then you do not cover the other thing; you do not cover the maintenance care.

(*Dr. Leslie Mackenzie.*) We just do not deal with it in this particular recommendation.

(*Dr. Niven.*) All right.

(*Chairman.*) Is there anything on IV.?

AGREED.

(*Chairman.*) On V., Dr. Addison has a new resolution.

(*Dr. Addison.*) To come in as No. V. and make No. V. No. VI. "Special regard should be given to securing the co-operation of the general medical practitioners in the work of the scheme, especially in relation to the early detection of the disease and domiciliary and dispensary treatment."

(*Dr. Mearns Fraser.*) Why should we single out a general practitioner? You have mentioned no other class of officer. Why do you pick out the general practitioner?

(*Dr. Addison.*) There are twenty reasons why we pick out the general practitioner.

(*Dr. Mearns Fraser.*) Would it not all come in under authorities, &c.

(*Dr. Smith Whitaker.*) You give to the available authorities, organisations, and institutions, surely the authorities, organisations, and institutions include the officers of these bodies. But a general practitioner is not an integral part of any one of these organisations or institutions.

(*Dr. Addison.*) There are something like 20,000 of them. They are to do the most of the work.

(*Dr. Mearns Fraser.*) I thought probably they were included in these other.

(*Dr. Addison.*) I think even if they were they would be worth while our specially mentioning them.

(*Dr. Mearns Fraser.*) I do not object.

(*Dr. Philip.*) Might we have that read again, sir?

(*Chairman.*) "That special regard should be given to securing the co-operation of the general medical practitioner in the work of the scheme, especially in relation to the early detection of the disease and to domiciliary and dispensary treatment."

(*Dr. McVail.*) Say "particularly" instead of "especially."

(*Dr. Addison.*) I think it wants a little dressing.

(*Dr. Smith Whitaker.*) Leave it to be altered in verbal points.

(*Chairman.*) It now reads: "That special regard should be given to securing the co-operation of the general medical practitioner in the work of the scheme, particularly in relation to the early detection of the disease and to domiciliary and dispensary treatment."

(*Dr. Bardswell.*) Does it include special practitioners, specialists, "general medical practitioners"?

(*Chairman.*) Shall we leave out "general medical practitioners"?

(*Dr. Smith Whitaker.*) No, you want to say "general medical practitioners." Your whole scheme is that with regard to dispensaries as a rule you are going to rely on your whole-time officers in your tuberculosis institutes. They are the specialists. For the work of the scheme you are to rely on them and then you make provision for calling in, as you must do, surgeons and physicians, when you want them on particular occasions. But that is not the same thing as securing the co-operation of a large number of people whose co-operation if you do not get you are to have your scheme seriously thwarted.

(*Mr. Willis.*) I quite agree with this paragraph, but what occurs to me, Mr. Chairman, is this, that in the body of the Report we have not developed how this is to be worked at all.

(*Dr. Smith Whitaker.*) It was agreed last night that it should be done. Dr. Addison and I were asked to draft section on these lines.

(*Mr. Willis.*) It is a very important thing and I do not know whether on developing it the Committee were proposing to make any suggestion as to the way the

treatment which is given otherwise than in institutions should be carried on. You are proposing that?

(*Dr. Smith Whitaker.*) I think we shall have to; we have an instruction to do so.

(*Mr. Willis.*) It seems to me a most important thing that this Committee should make some suggestion as to the way in which this treatment should be carried on. It may be by a general medical practitioner in consultation with a specialist; something like that.

(*Dr. Latham.*) I do not know whether the Committee would put in some suggestion as to the class of building; that they are not too expensive.

(*Chairman.*) It will come in under the financial proposals.

(*Mr. Stafford.*) It does not think that the dispensary as sketched out is of a most elaborate character. I think there ought to be some expression of opinion from this Committee that we should build cheaply, and not spend all our money on bricks and mortar.

(*Mr. Willis.*) I entirely support what Mr. Stafford says; I think it would strengthen the hands of the various Government departments any recommendation of that sort.

(*Chairman.*) Will you think out something to be put before the Committee? Meanwhile, may I take it that this general medical practitioner section is agreed to. Well, we are now on V., which becomes VI.

(*Sir George Newman.*) On drafting the new sixth paragraph, sir, I would suggest as follows: "That special care and attention should be paid to securing suitable qualified and experienced medical men."

(*Dr. Jane Walker.*) "Practitioners"?

(*Sir George Newman.*) I will accept that at the moment. "Suitable qualified and experienced medical men for the senior appointments in connection with institutions established. The ultimate results obtained by the treatment recommended must depend to a large extent on the medical and administrative qualifications of these officers."

(*Mr. Willis.*) That is a great improvement.

(*Sir George Newman.*) I quite admit it should be "practitioner."

(*Dr. McVail.*) I am not very clear, sir, about the desirability of retaining the words "and administrative." You do not always get the highest medical and administrative qualifications in the same individual, and it would be a pity to sacrifice the clinical ability, special skill in diagnosis and treatment to the consideration that another man who is not equally qualified in these directions may be a better administrator. The supreme importance here is the clinical qualifications and the capacity for dealing with tuberculosis as a disease and not the capacity for administering an institution. I think it would be safer to leave out "medical and administrative" and just say "the qualifications."

(*Dr. Paterson.*) Does this paragraph only refer to dispensaries, not to the sanatoria?

(*Chairman.*) Not to all.

(*Dr. Paterson.*) We cannot leave it out if it applies to sanatoria.

(*Dr. McVail.*) I would submit you cannot leave it out if it applies to dispensaries.

(*Chairman.*) As a matter of fact, in the ultimate results where you have the man who combines both, they will be ultimately better than where the man combines only one of the qualifications.

(*Sir George Newman.*) I quite agree with Dr. McVail, men will differ in degree in their administrative capacity, but they must have considerable administrative capacity.

(*Dr. McVail.*) Does this assume that the clinical duties and the administrative duties must necessarily combined in the same officer?

(*Mr. Willis.*) Sometimes they will.

(*Sir George Newman.*) It is only an inference, but it is required. A medical man—I am now putting it quite crudely—who has absolutely no administrative capacity will not be a suitable man, whatever his clinical ability, to deal with large communities of persons, and with large numbers of patients in the way that this officer will have to do. He may not have great administrative ability, but some administrative ability he must have, and the ultimate results of this work will depend largely upon the measure of administrative ability which he combines with his clinical skill

(*Dr. McVail.*) That is exactly my difficulty, that you are assuming that the two qualities would be combined in the same man. I would not like to bind the Committee down to a recommendation to that effect. I think there might be conditions in which administration should be centred in one individual, and clinical responsibility in another.

(*Sir George Newman.*) But you are to raise very considerable difficulties, Dr. McVail, are you not, if you are to have two officers in any one of these institutions, one of whom would be entitled to say "I am the administrator" and the other would be entitled to say "I am the man who settles all medical issues." You are to add to the expense and difficulty of administration. You ought to seek out surely—I submit this for your consideration—a man who has both faculties in some degree. In some cases he will have less of one than the other, but to make a good officer and to get ultimately good results, he must have some measure of advantage in both.

(*Dr. Philip.*) And we are dealing solely with heads of the institutions?

(*Chairman.*) Yes, solely with heads. As now drafted the section reads: "That special attention should be paid to secure suitable qualified and experienced medical practitioners for the senior appointments in connection with institutions established. The ultimate results obtained by the treatment recommended must depend to a large extent upon the medical and administrative qualifications of these officers."

(*Dr. McVail.*) Say of "the" officers; would you change "these" into "the," then it would meet my difficulty.

(*Dr. Smith Whitaker.*) I object to Dr. McVail's alteration. It seems to me that he is raising questions once again that were more or less compromised upon, and this attempt to separate the administrative duties, from the work of the tuberculosis officer, or the sanatorium head, seems to me a mistake of policy.

(*Dr. McVail.*) My remarks are wholly based on my experience of the management of hospitals. I have known admirable clinicians, men brilliant in the treatment of infectious diseases and in operative work, without any great administrative ability, and I think it would be a pity that we should of necessity crystallise the two sets of functions in the one individual. I think there should be flexibility, so that you would not require to reject the brilliant clinician because he is incapable as an administrator.

(*Sir George Newman.*) If he is incapable as an administrator, is he assumed to be a suitable person to be the head of one of these institutions?

(*Dr. McVail.*) He is assumed to be the clinical head. You are begging the question. My question is whether the two functions might not be in separate hands if necessity exists.

(*Chairman.*) I certainly understood from the sanatorium experts that it was necessary in dealing with a sanatorium where you had 100 or 200 people, to have one man as supreme head; is not that so, Dr. Paterson?

(*Dr. Paterson.*) Yes, you must have administration; I think that is admitted here. I do not see how an absolutely brilliant clinician is to do this administrative work in that tuberculosis dispensary unless he has a head for administration, and I think he rather comes to the lines that he has got to have a sort of medical officer of health training to have that kind of ability.

(*Dr. McVail.*) Yes.

(*Dr. Latham.*) After all is said and done there is no opening for a brilliant clinician in these institutions. You want to have a man who has common sense more than anything else, and you want the type of man you have as resident medical officer of your hospitals now, and elsewhere, where you do combine administration and clinical qualities, and where you pay attention to both.

(*Dr. McVail.*) I am afraid I cannot accept that. We have been told all along, and in reading on the subject, we have been told all through our study of the matter that special clinical knowledge is of the utmost importance in guiding patients throughout the whole course of their disease; that the greatest importance attaches to the advice given by a clinician with regard to the particular condition of a patient and the particular action that should be taken concerning that patient and that all through careful training and special

clinical capacity are required for the getting of the best results from this work. What I doubt is whether you get these qualifications always combined with administrative capacity, and I did not want to in the least suggest that clinical qualifications should in any degree be sacrificed to administrative, nor to establish now a lower standard of clinical ability in order to bring in the man both as a clinician and as an administrator.

(*Dr. Niven.*) I would suggest, Mr. Chairman, that the word "chief" should be missed out. If you take the words "chief tuberculosis officer," that would meet Dr. McVail's point.

(*Sir George Newman.*) We have not got the word "chief" in at all. The word "chief" is not in the resolution.

(*Dr. Mearns Fraser.*) You see that has two meanings there, "highest medical qualifications"; it may mean simply the man who has taken the best medical degrees, or it may be the man, who, taking into account his ability, has shown himself to be particularly well qualified. Very often you will find a man of the highest medical qualifications not the best man for your dispensary.

(*Sir George Newman.*) The answer to that question is contained, such as the answer is, in the paragraph which we have already passed, and I have simply redrafted the resolution on the basis of that paragraph. I am not sure now, Dr. Mearns Fraser, that you are not raising a question as to whether or not we have included in this paragraph something which occurs in the Interim Report.

(*Chairman.*) Perhaps you would read it again.

(*Sir George Newman.*) You have a typed copy in front you.

(*Dr. Mearns Fraser.*) Would it not meet everybody's view if you took out both "medical" and "administrative."

(*Dr. McVail.*) That is exactly what I wish.

(*Sir George Newman.*) I am merely submitting this; I want to emphasise that the ultimate good results are in large measure dependent upon these two qualifications being combined in one man. I do put that point with great respect to Dr. McVail. All his experience, if I may say so, is precisely in the opposite direction to his argument. He has pointed out, and he has found out in experience and others round this table over and over again, that it is not the brilliant, even sound clinician that is always going to make the useful public servant; he is not going to be satisfied with 500*l.* or 600*l.* a year; he is going into consulting practice, research work, and all such other paths of medical work. The man who is going to serve the State best, it is proved over and over again in Dr. McVail's own experience, is the man who does combine these two different qualities. I am not saying that you are going to find a great many of them; what I am saying is that the ultimate good results will in a large measure depend upon that combination.

(*Dr. Niven.*) Might we have the words that are substituted for "chief"?

(*Sir George Newman.*) "Senior."

(*Dr. Niven.*) I submit that it is a pity to use either of the words "chief" or "senior." Supposing you have a large institution, say in a big city, a central institution such as the Leytonville Out-patient Department in Manchester would be, and you have a lot of co-ordinate equal officers, you could not, without completely revolutionising the institution, even have a chief or a senior. These men are all co-ordinate, and I think it is a pity to use the word "chief" or "senior" at all. If you miss out the word "chief," then you really get what you are aiming at, and you satisfy Dr. McVail.

(*Sir George Newman.*) Do you?

(*Dr. Niven.*) I think so.

(*Sir George Newman.*) Do you satisfy Dr. McVail?

(*Dr. McVail.*) I know this has happened in my own experience. We are hammering out here what shall be the best guidance for the public, for the Insurance Commissioners, and everybody else in this matter. I have known this occur in my own experience, that at the head of a large medical institution there has been a man distinguished in his own speciality and a most admirable clinician, but that his management of the

institution administratively has been such that a layman has had to be put at the head of the institution and the medical man has been removed from his proper position there altogether. If you are going to assume that the two kinds of qualities must be centred in the one individual, you are laying up for yourselves difficulties in regard to individual institutions.

(*Sir George Newman.*) Would you be met if we crossed off the last three words, "of these officers," so that it would read: "The ultimate results obtained by the treatment recommended must depend to a large extent upon the medical and administrative qualifications."

(*Dr. McVail.*) Entirely; I agree with that.

(*Sir George Newman.*) Would that meet your point? I want to say that I do not quite see the way to accept Dr. Niven's suggestion, because what we are on is the head man; we are on the senior man; we are not on everybody.

(*Dr. Niven.*) You are assuming that there must be a senior man to such a dispensary, and I say that in a large town you may have a lot of co-ordinate men who will not admit either one or the other that any of the rest can be senior and in charge.

(*Sir George Newman.*) My difficulty is that I do not ask the Committee to say that every man on the staff of all these institutions shall be an administrator; I think that would be unreasonable.

(*Dr. McVail.*) You are not allowing for any latitude in your central dispensary. I have mentioned a case, and I have not the slightest doubt there will be other cases of a like nature where none of these highly competent men will recognise any of the others as a head of the institution, and you are not allowing anything for that.

(*Sir George Newman.*) There is going to be a head to each of these institutions.

(*Dr. Smith Whitaker.*) May we keep these two points separate. It seems to me we are now on the question of leaving out the words "of these officers." I am rather sorry that Sir George Newman should weaken in any way, because I prefer to pass resolutions that have some meaning. It seems to me that the resolution without these words really means nothing at all. It simply says it is desirable that medical and administrative qualifications should be found somewhere about amongst the people who are scattered all over these institutions. It seems to me the resolution loses all point if you drop these words.

(*Dr. McVail.*) It would be sufficient for my purpose if you drop out the tail end of one word and put "the" instead of "these."

(*Sir George Newman.*) In reference to what Dr. Smith Whitaker has said, I prefer to draw a resolution which carries the Committee with it. I think I would say, "to a large extent upon their"; would that meet you?

(*Dr. McVail.*) Yes.

(*Sir George Newman.*) "Their medical and administrative qualifications."

(*Chairman.*) That is it. The next resolution is this: "That in erecting dispensaries or sanatoria or other institutions (that includes hospitals) local authorities and other bodies should avoid pretentious and extravagant buildings and should rather aim at providing simple and inexpensive structures." This is an additional one that is now suggested for the consideration of the Committee: "That in erecting dispensaries or sanatoria or other institutions local authorities and other bodies should avoid pretentious and extravagant buildings and should rather aim at providing simple and inexpensive structures."

(*Dr. Bardswell.*) "Erecting and adapting buildings" too, is that that the same thing?

(*Chairman.*) In "erecting or adapting."

(*Dr. Bardswell.*) "Adapting buildings."

(*Dr. Leslie Mackenzie.*) Does the term "local authority" cover everything correctly there?

(*Chairman.*) Well, put "or other authorities," you say: "That in erecting or adapting institutions local authorities or other bodies should avoid pretentious and extravagant buildings and should rather aim at providing simple and inexpensive structures."

(*Dr. Mearns Fraser.*) I do not quite like the wording of that, but the principle of it is very good.

(*Chairman.*) Is that agreed? Now, the finance. Now, gentlemen, I should like you to turn to the finance. You have certain typed copies before you for the consideration of the Committee. There is one alteration which I wanted to suggest in the first one so that it would now read: "According as the basis of requirement taken is one dispensary for over 200,000 or 150,000 inhabitants. Some 225 to 300 dispensaries will probably at initiation be needed for the United Kingdom. It has already been stated that on the average about 250*l.* should suffice to cover the capital expenditure necessary for establishing a tuberculosis dispensary."

(*Dr. Addison.*) I would like to move the omission of the words "at initiation." We do not need it, "at initiation"; 300 would be the total at the finish. You will eventually perhaps get up to 330, but you will not start with anything like so many.

(*Dr. Niven.*) I think it is desirable that that should come out.

(*Chairman.*) Then we knock out "at initiation." It is suggested to leave out the words "at initiation" in line three.

(*Dr. Meredith Richards.*) Ought we not to add to that, "in existing buildings." In most towns you will have to pay a good deal more than that on building.

(*Chairman.*) We have given the LII, L. comes in the body of the Report as to the average cost for adapting an existing building.

(*Dr. Niven.*) Of course, this means with the tuberculosis dispensary unit, it does not mean the dispensary. I mean if you had a dispensary for a large population, say of 500,000, this is the provision made for a unit, is it not, of 150,000.

(*Chairman.*) This is a provision for the average dispensary. Some of them will only require 50*l.*

(*Dr. Niven.*) The understanding was that there was to be one dispensary for 150,000 people. This is a provision for 150,000. The dispensary unit this provision is for. Supposing a large central dispensary were placed in a populous place, which contains, let us say, 750,000—

(*Chairman.*) Then it would be three times the 250*l.*

(*Dr. Niven.*) Then I would add the word "unit" for establishing a tuberculosis dispensary unit.

(*Dr. Leslie Mackenzie.*) But was not the suggestion that the 250*l.* was a maximum figure for the equipment of a dispensary? That is what we were discussing when the figure was raised. It is not the provision of a dispensary.

(*Dr. Addison.*) I think it is much better to adopt the lines suggested in the resolution I put to you yesterday, and say the average cost up to 250*l.* I think it is much better, as was suggested yesterday, in terms of population, and then you know what you are doing. If you said 1*l.* per 750 of the population, then it would be generally applicable. One dispensary might cost 1,000*l.*, and two others might only cost 50*l.* apiece.

(*Chairman.*) Yes, but then you do not take into consideration the incidence of the disease.

(*Dr. Addison.*) Yes, you do.

(*Chairman.*) It is not put there, 750 are to have the same average mortality.

(*Dr. Addison.*) No, but on an average, we say the average would be so. Your average cost would be much nearer the mark; your dispensaries would vary in cost from 10*l.* to 1,000*l.*

(*Dr. Niven.*) If you add the word "unit" on referring to the whole of the Report it will be taken to mean in reference to what you have put forward as a unit. If you add the word "unit" at the end of this it will allow of larger sums being given to larger populations. Tuberculosis dispensary unit. Put it that way.

(*Dr. Addison.*) Then we have not said what the unit is.

(*Dr. Niven.*) Yes, you have.

(*Dr. Addison.*) Not here, we have not.

(*Dr. Niven.*) You have said it in the body of the Report.

(*Dr. Addison.*) I should say 200*l.*, or whatever it is, to the other figure, per unit.

(*Dr. Niven.*) Besides, population does not cover it, think.

(*Mr. Willis.*) What is the point now, whether you can get the dispensary on an average for 250*l.* to 350*l.*?

(*Chairman.*) Is the point whether it should be a maximum 250*l.* or an average 250*l.* Is that it?

(*Dr. Niven.*) It seems very little. It takes no account of the difference of population for which the dispensary is to be provided. The dispensary might be provided for a large population, and for a small one, and yet the amount put down is the same. It is unvarying.

(*Chairman.*) That is why we put average, because in some cases, as you very rightly say, it might be 50*l.* and in the other 350*l.*

(*Dr. Niven.*) But the word "average" is not here.

(*Chairman.*) I beg your pardon, I read it out as a suggested alteration. It has already been stated that on the average about 250*l.* should suffice.

(*Dr. Niven.*) That meets it.

(*Dr. Philip.*) Should suffice for.

(*Chairman.*) Should suffice to cover the capital expenditure necessary for establishing a tuberculosis dispensary.

(*Dr. Addison.*) I should like to have the words "on an average 250*l.* per unit of 150,000 population."

(*Dr. Leslie Mackenzie.*) Could we not get a reference in the memorandum to the items which are intended to be included under that, to let us have quite clear what the 250*l.* is meant to include. If it means the buying of a building, it is one thing; if it means the running of a building, it is another; if it means the equipment of a building, it is different. As I remember in the discussion, the 250*l.* was given as a maximum figure necessary for the equipment.

(*Dr. Philip.*) The equipment and adaptation?

(*Dr. Leslie Mackenzie.*) But, of course, that will vary so much. I know one in Edinburgh which has taken 1,000*l.*

(*Dr. Niven.*) If the words "on the average" are used, do you not think that would quite meet the thing. It is only that should suffice; it does not say that it must suffice.

(*Dr. Latham.*) What we have got in this dispensary appendix with regard to the cost is as follows: "The adaptation of an existing house should not cost more than 250*l.*, and very often should cost considerably less." The adaptation of an existing house rather than any question of freehold.

(*Mr. Willis.*) If you have to start buying a freehold you cannot get it for anything like that.

(*Mr. Davies.*) Therefore we thought it necessary to describe this as the capital cost.

(*Chairman.*) You can qualify it by saying "the adaptation and equipment."

(*Mr. Davies.*) But if you are to put up a dispensary, and to put up a new building?

(*Chairman.*) Then, obviously 250*l.* is not enough, but then you qualify it by saying "for the adaptation and equipment."

(*Mr. Davies.*) But if you are to put up a new building?

(*Chairman.*) That would be erection.

(*Mr. Davies.*) Erection; it would cost more than 350*l.* I think, would it not?

(*Chairman.*) Several thousands.

(*Mr. Davies.*) Not necessarily.

(*Dr. Philip.*) That was why, in the original draft, we cited one or two buildings which had been specially put up for the purpose.

(*Dr. Leslie Mackenzie.*) My own impression, Mr. Chairman, is that it would be wiser to say "its equipment and furnishing"; we are discussing at the time, and to satisfy that.

(*Secretary.*) "It has already been suggested that as a general rule an existing building should be adapted; we think that on the average 250*l.* to 350*l.* should suffice to cover the capital expenditure necessary for the alteration and equipment."

(*Mr. Willis.*) That covers it.

(*Dr. Philip.*) That covers it.

(*Mr. Stafford.*) I do not like this estimate of 300 dispensaries based on population. Of course it suits England, it probably suits England all right, but it really does not suit Scotland or Ireland. There are only two counties in Ireland with a population over

200,000. The average population of Irish counties is 50,000 or 60,000. We make recommendations in our Report that the counties are to provide these dispensaries, and then we estimate for, say, 200,000 as the population. It does not suit us. No suggestion based on population would suit us.

(*Mr. Willis.*) You mean in rural areas a much smaller population than 150,000 will have to be the unit?

(*Mr. Stafford.*) That is because the counties which we name as the unit are only about 50,000 on the average.

(*Dr. Leslie Mackenzie.*) That is our same experience in Scotland. There are only four counties, at the outside, which are over 200,000. It has not any relevance to us as a matter of 200,000. We cannot think of it as applying to a rural place at all, whereas many of the rural populous places of 2,000 or 3,000 people are just precisely the places where you most want a dispensary.

(*Dr. Addison.*) I think it would be better to say "on the average the population served by a dispensary will probably be about 150,000 persons." It would be equivalent to 300 such units.

(*Dr. Leslie Mackenzie.*) What I think would meet Mr. Stafford's view, and my own view, would be that in populous places one dispensary should serve for 150,000 to 200,000 people, but that in the scattered populations, say in the rural areas, a larger number of smaller dispensaries might be necessary; something like that; that would allow that both ends of the scale would be really necessary.

(*Dr. Jane Walker.*) We say that in the Report.

(*Mr. Willis.*) I think we pass that paragraph saying: "As has already been indicated, the Committee are of opinion, without pinning themselves too definitely to a figure, that one tuberculosis institute will be required for every 150,000 to 200,000 of the population. In an urban neighbourhood one institute might serve more than 200,000 inhabitants, in rural neighbourhoods it could only serve a smaller number. A good deal will, however, depend upon the character of the neighbourhood."

(*Dr. Niven.*) Would you necessarily have a dispensary for a scattered rural population at all?

(*Dr. Leslie Mackenzie.*) Well, in a county like Lanark, for example, where you get places of 40,000 or 20,000 or 10,000, they have resources enough to justify a dispensary, and yet to say that one dispensary for the whole of 200,000 would be a standard, would have no relevance to that kind of unit town; they always act on their own account. They are independent municipalities, and they would prefer to have a small institution of their own rather than a linked one, so that population really has no bearing on the case in the counties.

(*Dr. Niven.*) Would the estimate of one for 150,000 have any bearing upon a scattered rural population.

(*Dr. Leslie Mackenzie.*) None, I do not think so, I do not think the estimate by population counts for anything at all; frankly it has no relevance.

(*Dr. Niven.*) In fact, the dispensary in that case would be an officer.

(*Dr. Leslie Mackenzie.*) That is what it would come to in many places. Would you suggest a form of words to make it wider? This really has no relevance to other places.

(*Mr. Stafford.*) Except as regards urban districts.

(*Dr. Leslie Mackenzie.*) Yes, for the towns; I am thinking for the counties.

(*Dr. Niven.*) I think this might stand as it is.

(*Dr. Jane Walker.*) Does XLVII. put it exactly right just as we want it, Dr. Leslie Mackenzie, I am sure XLVII. contains all that you want.

(*Dr. Leslie Mackenzie.*) Yes, quite possibly.

(*Dr. Addison.*) Well, now, have we any definite suggestions here for amending this?

(*Dr. Niven.*) I think it should stand as it is, adding the words "on the average." I think it would be simpler than to attempt to amend it.

(*Dr. Leslie Mackenzie.*) I understand this XLVII. is to stand; it says here: "In rural districts there should be an 'institute' constituted in one or more of the

" principal small towns of the area and local sub-centres open on one or two stated days of the week."

(*Dr. Addison.*) Mr. Clarke has got a draft of the alterations we made to them; would you agree with this; would it meet your point if we said that dispensaries or equivalent organisations?

(*Dr. Niven.*) It would be better to define the word "dispensary" in a footnote. Do you not think it would be better to define the word "dispensary" in a footnote to cover it.

(*Dr. Addison.*) Yes, I think that would equally meet the case; if we are to make recommendations which are to guide the Local Government Board and the other local authorities, we must do it in some way that will not leave them absolutely in a fog when they get to a place like Ireland. Can you suggest a form of words, Dr. Niven?

(*Dr. Niven.*) I will endeavour to do so.

(*Mr. Stafford.*) Later on in the Irish portion of the Report we have taken upon ourselves a good deal of latitude in dealing with these things, and I should let that apply chiefly to England.

(*Dr. Addison.*) Well, Dr. Niven is just drafting a little paragraph which will make it clear.

(*Mr. Stafford.*) I do not think you can draft anything which will be quite satisfactory, because you are dealing with two very different conditions of things. You are dealing with Ireland, which has a population 70 per cent. of which is agricultural, and you are dealing with England, 70 per cent. of the population of which lives in towns, so you are dealing with two such opposite things in every possible way, so that no single calculation will meet both conditions.

(*Dr. Niven.*) How would this do as a footnote?
"The word dispensary does not necessarily connote a structure, but may be taken as any administrative equipment which will fulfil the purposes assigned to that institution in this Report."

(*Mr. Stafford.*) It does not meet me at all.

(*Dr. McVail.*) How would this do, subject to the considerations set forth in section XLVII. of the Report, some 225 to 300 dispensaries will probably be required for the United Kingdom, making allowance for sparsely populated areas in which other and special arrangements may be needed.

(*Dr. Addison.*) Would you pass that up, specific reference to parts of the Report meets the point better.

(*Dr. Niven.*) Well, it would be just as well to have it clearly defined in some part. Instead of making innumerable exceptions it would be better to define the word "dispensaries." Do you not think that would be a good way to meet the thing, Dr. Leslie Mackenzie?

(*Dr. Addison.*) I would just ask Mr. Clarke to read what is now suggested; this recommendation.

(*The Secretary.*) It goes out the first paragraph entirely, CL., the first sentence, and in place of that substitute: "Subject to the considerations set forth in section XLVII. of the Report some 225 to 300 dispensaries will probably be required for the United Kingdom, making allowance for sparsely populated areas for which other and special arrangements may be needed." Then it goes on: "It has already been stated that as a general rule an existing building should be adapted, and we think that on the average 250*l.* to 350*l.* should suffice to cover the capital expenditure necessary for the adaptation and equipment of the Dispensary."

(*Dr. Niven.*) You miss out the words "except in a few large centres."

(*Dr. McVail.*) But that is dealt with in section XLVII., which is referred to.

(*Mr. Willis.*) I suppose we never think we need a 10,000*l.* Institute, do we?

(*Dr. Mearns Fraser.*) That comes under research, that sort of Institute.

(*Dr. Latham.*) It is 6,000*l.* in Edinburgh.

(*Dr. Philip.*) About 6,000*l.*

(*Mr. Willis.*) What is that for; for advertising purposes?

(*Dr. Latham.*) I take it you do want it in certain places?

(*Dr. Niven.*) Supposing we were to establish a dispensary in Manchester, do it centrally, being much the most economical for the poor people, most convenient for them, we should want a very large building.

(*Dr. Addison.*) That is the point I have been harping on the whole time. It would be a capital error simply to put the average cost of a Dispensary. Put the average cost per the population, because in a place like Manchester you would have one big Dispensary that might cost 1,200*l.* In ordinary little places they do not cost 20*l.* apiece.

(*Dr. Leslie Mackenzie.*) On the other hand, *Dr. Addison*, a place that serves 100,000 will, and with perhaps a few more pounds expenditure, say of 500,000 or 300,000. I mean it is not quite in proportion to population, the actual outlay.

(*Dr. Addison.*) Now, is that agreed then?

(*Dr. Niven.*) I think that might stand as it is.

(*Dr. Addison.*) The next paragraph is sanatoria, and you will have suggested on the basis of the provision at initiation, you want one bed for every 7,500.

(*Mr. Willis.*) How do you get this unit, one bed for every 7,500 inhabitants; on what data is that based. It is contrary to the experience of people who have worked at it in some towns. I want to know how it is got at.

(*Dr. Addison.*) Well, the Committee last night worked at this some long time, and they came to the conclusion that eventually the sanatorium requirements would be one bed per 5,000 of the population; that would ultimately be 9,000 sanatorium beds. In order to be economical to begin with it would be wise at initiation to recommend a smaller number in order to make the financial provision sufficient to cover ultimately a larger.

(*Mr. Willis.*) You mean it is an arbitrary figure?

(*Dr. Addison.*) We have got one bed for every 7,500 of the whole population estimated for. If you are taking the beds down below for advanced cases and observation cases there would be 18,000 beds altogether on the basis of the provision. On the basis of the provision at initiation one bed for every 7,500 of the population 6,000 beds will be necessary for the United Kingdom. Has anyone any comments on that?

(*Dr. Niven.*) The first thing is to put in the word "average," because some places would need only half as many beds as other places do; "that the average provision at initiation." We should want more in Manchester undoubtedly.

(*Dr. Addison.*) I do not see how you could have an average provision, could you, because you see you have got to provide; you can say one bed on the average for every 7,500 if it is the average inhabitants you are meaning, not the average provision.

(*Dr. Niven.*) Of an average provision, yes. "Of an average provision at initiation."

(*Mr. Willis.*) I do not quite understand 7,500 inhabitants divide 6,000 beds; I was wondering how many consumptive cases—over 300 consumptive cases, I suppose, 7,500 inhabitants.

(*Dr. Niven.*) Six thousand beds will mean, if you treat the patients on the old system, 12,000 cases.

(*Dr. Addison.*) Eighteen thousand.

(*Dr. Niven.*) If you give them three months it would mean 24,000. If you do it on the Birmingham system, which appears to work very well, it would mean 48,000 cases passing through the year. It all depends on what use you make of your beds.

(*Dr. Latham.*) We have suggested three to four months, so we have come to a definite statement as to what the form of treatment will require.

(*Dr. Niven.*) Yes; that means 24,000, of course.

(*Dr. Latham.*) Yes, 18,000 or 24,000.

(*Dr. Niven.*) Of course a certain number will die.

(*Dr. Addison.*) I do not think your point is any special objection if we confine it to initiation.

(*Mr. Willis.*) I was wondering whether you have any scientific basis. *Mr. Clarke* says you worked it from some figures *Dr. Newsholme* mentioned.

(*Dr. Latham.*) Of the 6,000, it is all in this original thing drawn up by *Dr. Bardswell* under the second unit, page 11—LXXI. and following.

(*Dr. Niven.*) I mentioned to the sub-Committee last night, *Mr. Willis*, that I had gone through about 300 of our cases first notified this year, the first time when notification has been presumably complete, and that gave about 45 certain cases which would be suitable for sanatorium treatment out of 283. That is making a provision of about 15*l.*

(*Dr. Leslie Mackenzie.*) I understood that the figure that was started from here, was to consider that three times the yearly death-rate indicated, roughly, the number of cases needing active treatment of some sort. The equivalent of the death-rate was, I understood, taken as those that would need sanatorium treatment proper; in other words, roughly, about one-third of the cases. Now, in Scotland if we went on that supposition, we should have to deal in some form or another with 20,000 cases; take one-third of that as 6,000 people fitted for sanatorium treatment; we should need beds corresponding to that, divided by four, which would be something like 2,000 something beds. The total number of beds we have at present, including poor law and every form, amounts to about 1,000 to 2,000 odd of the population. For sanatorium purposes proper we should need a considerable number more over and above that to pass 6,000 cases through them. It was some figure like that that we were going upon, but I understood you were not anxious to put forward the details of these calculations.

(*Dr. Addison.*) That, I think, was the general impression—that it was advisable not to.

(*Dr. Niven.*) If you take the number of new cases, in view of the number of deaths—we have about 1,000 deaths—that would mean about 1,000 new cases per annum, and that would mean in terms of three months 250 beds; but, of course, you will not require the whole of that; I mean there would be a number of cases that will not be treated at all—I should say that probably 150.

(*Dr. Addison.*) What proportion is that to your population; what is your population?

(*Dr. Niven.*) Seven hundred and sixteen thousand.

(*Dr. Addison.*) You want a bed for 4,500 about?

(*Dr. Niven.*) Yes; but then we do not want all that; we do not want 250 beds; you would never need anything like that; you might take 150 beds as the maximum.

(*Dr. Addison.*) That was the point that we had started from. Dr. Niven has just been giving us at Manchester their maximum which he thinks they will ultimately require would be one bed to about 5,000 of the population or so. We wanted to begin at that; sanatoria beds I am talking of, not the others; put in the words “at initiation,” to encourage them to be economical at the beginning.

(*Dr. Jane Walker.*) Is not “to begin with” nicer than “at initiation”?

(*Dr. Addison.*) Yes.

(*Dr. Niven.*) If we come to the conclusion that the Birmingham grant is best we should not need so many, so I think 7,500 is not understating it.

(*Dr. Addison.*) At the beginning.

(*Dr. Niven.*) “At initiation” it may prove not to be more.

(*Mr. Willis.*) At the outset.

(*Dr. Addison.*) At the outset.

(*Dr. Leslie Mackenzie.*) Will that involve the distribution of the whole million and half?

(*Dr. Addison.*) Oh, no.

(*Dr. Leslie Mackenzie.*) You can reserve a certain amount for developments.

(*Dr. Addison.*) No, if we go on this basis we shall have about half a million left.

(*Mr. Stafford.*) This is founded on English statistics of deaths.

(*Mr. Willis.*) It is an arbitrary figure, rather.

(*Dr. Addison.*) And we are only saying, “at the outset.”

(*Mr. Stafford.*) We have got about two deaths to your one per hundred-thousand population. It is ridiculous to apply the same standard when you have a very much greater incidence of the disease in Ireland than in England; to plan the whole thing upon English figures.

(*Sir George Newman.*) Some modification may be necessary in the case of Ireland.

(*Dr. Niven.*) You know the death-rate in Ireland; it is very easy to make a similar calculation; what is it?

(*Mr. Stafford.*) 2·3 per 1,000.

(*Dr. Addison.*) Well, now gentlemen, I think we had better put it as it is amended up to the present, embodying the various suggestions which have been

made on the basis of the provision at the outset, of one bed on the average for every 7,500 of the inhabitants. This 1,000 beds will be necessary for Great Britain, in addition to the existing sanatoria beds that may be suitable and available. An increase of this number in proportion to the population may be required in the case of Ireland.

Is that agreed?

AGREED.

(*Dr. Leslie Mackenzie.*) You could not put that in without putting in a special note an increase for a part of Scotland, which is in exactly the same position as in Ireland. I think it will be better to leave it out.

(*Dr. Addison.*) It will not make a difference. There is plenty of money to spare.

(*Dr. Leslie Mackenzie.*) I do not want to make any exception in regard to Scotland, although on the same ground we might.

(*Dr. McVail.*) You would leave out in the last line the three words, "all these beds," the third, fourth and fifth words. It is just a matter of drafting.

(*Dr. Addison.*) Does the Committee think it better to leave out these discriminating words?

(*Dr. McVail.*) I think you would be better without them, because these discriminating words at once suggest that outside Ireland and a part of Scotland, if these were added this would be enough. The discriminating words conveys indirectly the suggestion that these are the only places for which extra provision would be needed.

(*Mr. Stafford.*) I think, under the head of Ireland, later on we will be able to put in something.

(*Dr. Addison.*) That is agreed, then.

(*Mr. Willis.*) The cost of these beds may be estimated at 150*l.* per bed. Have we got experience to show that satisfactory sanatoria have been built at 150*l.* per bed, and what are the data for that?

(*Dr. Addison.*) The data for that you will see set out in the Report.

(*Mr. Willis.*) As a matter of fact, the sanatoria which have been built have cost much more on an average than 150*l.* per bed. I am, of course, most anxious that these should be built as cheaply as possible, but I do not want this Committee to put down 150*l.* per bed if you cannot possibly provide a satisfactory building for that, and I do not know of any experience to show that you can do it.

(*Dr. Addison.*) Of course that figure is based on the views of Dr. Bardswell, Dr. Paterson, and Dr. Jane Walker, who have had practical experience for a number of years.

(*Mr. Willis.*) Now, take Mrs. Carling's Sanatorium, would her's cost more than that?

(*Dr. Bardswell.*) That is a royal establishment.

(*Mr. Willis.*) Did Frimley cost more than 150*l.* per bed?

(*Dr. Paterson.*) A little more, but I could see a way to build a much cheaper place. I mean, I know the things that have been done wrong. For instance, you do not want to make every bed face the south, and in various ways, you do not want the heating appliances in.

(*Dr. Bardswell.*) Balconies you do not want.

(*Dr. Paterson.*) Balconies you do not want. I think it will be done for an institution of 100 or 200 beds.

(*Dr. McVail.*) Dr. Jane Walker gave evidence of the same sort.

(*Dr. Jane Walker.*) I have put up sanatoria which would cost not more than 150*l.* per bed.

(*Dr. Addison.*) Including the administration block?

(*Dr. Jane Walker.*) Including the administration block.

(*Dr. Addison.*) Including interest and sinking fund, purchase of land?

(*Dr. Jane Walker.*) Yes, including the purchase of land, interest, and sinking funds. Mine practically cost 100*l.* per bed, except the land. Killing Sanatorium, Holt, Norfolk, cost considerably less than 150*l.* Mrs. Carling's Sanatorium, at Maitland, Peppard Common, Oxon, cost less than 150*l.* We have discussed this. There is ample evidence of buildings in this country which cost less than that.

(*Mr. Stafford.*) We have already preached economy to the local authorities this morning, so I hope we

will put some very low estimate. I do not even like the 150*l.* a bed.

(*Dr. Jane Walker.*) You would like less?

(*Mr. Stafford.*) I would like less.

(*Dr. Jane Walker.*) So should I.

(*Dr. Niven.*) I would suggest it is very valuable for the country generally, if Dr. Paterson would sketch out how a hospital should be constructed.

(*Dr. Latham.*) That is coming in the Final Report.

(*Dr. Bardswell.*) It could be done, especially if the buildings were all put up on one pattern. That is the opinion of Mr. Hall.

(*Dr. Paterson.*) I am quite sure if Mr. Hall thinks it could be done it will be done.

(*Mr. Willis.*) The only thing I feel about it is this. Supposing plans are put forward which are really very economical; you cannot, on looking at the plan, say you can omit this part, or that part, and then you send out these plans and get tenders, and you find your tender works out at, say, 230*l.* a bed, including your land. Which is quite the sort of thing that is going to happen in some cases—I do not want the Committee to say in such a case the grant must be cut down because of its being extravagant or anything of that sort.

(*Dr. Latham.*) Then, if you put an average cost, does not that cover your difficulty?

(*Dr. Jane Walker.*) We only say estimated.

(*Dr. McVail.*) I do think on this particular question we have had more satisfactory data to go on than on almost any other thing. We have considered the evidence given to us by Dr. Jane Walker and others, and it leads us to this conclusion; and I do not see that we need to open it up again on the basis of the drafting conclusions that we have already reached.

(*Dr. Addison.*) I think if we put in the average cost it would generally embody our previous conclusions.

(*Mr. Willis.*) This is now leading up, of course, to some particular recommendation which is to be made as to the distribution of the money which we have not discussed. That is the only thing. If it is true that these can be built at 150*l.* a bed, I am very glad indeed. I can only assume that previously money has been wasted on these buildings.

(*Dr. Jane Walker.*) Yes, it has been wasted.

(*Dr. Latham.*) You may take that as a fact.

(*Dr. Smith Whitaker.*) I want to raise another question, if the question of price per bed is disposed of. But I do not want to interrupt that discussion.

(*Dr. Addison.*) It is disposed of.

(*Dr. Smith Whitaker.*) I must say I have some difficulty about this. I do not say about these assignments of figures, but about the rather definite way in which they seem to be assigned. I have followed this discussion very closely, and I do not feel that I am on such a sure foundation as regards so much for dispensaries, and so much for sanatoria, and so much for hospitals, as this Report might lead the reader to imagine the Committee, as a whole, were, but I cannot help feeling, sir, if we could indicate a little more that we are only giving a kind of rough estimate, there should be some kind of preamble, which will make quite clear that though we have found it necessary with the assistance of everybody who reads this to put down definite figures they do not correspond with definite crystallised conclusions in our own minds, for these are the figures.

(*Dr. Addison.*) Yes; your point is that we ought to have a preamble.

(*Dr. Smith Whitaker.*) I do not pretend to draft it now, but I am sure the Secretary will do something for us that we can see in the draft Report. That will warn the reader before he plunges into this mass of figures, that they are of the most tentative and provisional character, and are only intended to give people something definite to think about rather than to indicate in any way that we have come to conclusions.

(*Dr. Addison.*) In the think as sent in, I put in a paragraph specially for that purpose. These various calculations, it should be clearly understood, are provisional only, and for the purpose of providing a guide as to the amount of disease, and the cost of passing this scheme.

(*Dr. Smith Whitaker.*) I do not want to take up your time, but I should like to take one point. You

say so many per 7,500 for sanatoria, so many per thousand for dispensaries, and so forth. Well, that depends upon an estimate, not only of the amount of disease of every kind, but an estimate of the psychology of the medical officers who are going to advise as to these things. You are not only estimating that there will be so many people in certain stages of disease, but that the people who are responsible for making the recommendations will exercise their discretion in certain directions. Possibly you are right, but I think we want to indicate that there must be a very large margin of doubt and ambiguity about the whole of this matter in this experimental stage.

(*Dr. Addison.*) I think the case will be met if we had a satisfactory preamble setting out, and perhaps Dr. Smith Whitaker will draft one. I entirely agree it is open to doubt; it is too cock-sure.

(*Mr. Stafford.*) I feel doubtful about the whole of the details we are committed to in the Report, not merely the financial part, but the whole of the details. I feel so strongly on that that my friend and myself rather contracted out as regards Ireland. That leaves us to draw the Irish part of it, not taking exception to what you are doing over here; we have no right to do that; but with regard to Irish condition we could not accept all the details, and therefore we have, in the Irish portion of the Report, as you will see, practically contracted out, saying we agree with your general principles, but with regard to the enormous mass of details that we decline absolutely to be guided by them.

(*Dr. Leslie Mackenzie.*) There is another point, in fact it is possible to use this standard of 1 in 7,500 as the standard up to which you would recommend that grants should be made, and say that only in special circumstances would you make grants over and above that limit. In the memorandum issued, or proposed to be issued, by the Local Government Board, it was suggested that only 75*l.* or 80*l.* per bed should be allowed as a maximum grant, some figure like that. You may use these vague approaches to population as a practical ground for saying that beyond that limit you would not, for the present, distribute the money, but up to that point you would. In that sense it might be practicable.

(*Dr. Addison.*) It is generally agreed, if we had the preamble which Dr. Smith Whitaker is kindly drafting.

(*Dr. Smith Whitaker.*) I cannot do it now, sir.

(*Chairman.*) With Mr. Clarke.

(*Dr. Addison.*) Now, the surgical fund for adults; I see the Chairman has crossed that out. Personally, I feel myself it is very undesirable to make a recommendation as to the provision of research beds for adults.

(*Dr. Latham.*) I should leave it out till our Final Report; we want some information.

(*Dr. Addison.*) We will leave that out. The next thing is labour and hospital provision; any comments on that?

(*Dr. Latham.*) What is the figure of 40*l.* based on?

(*Mr. Davies.*) Can you tell us, Mr. Chairman, how the figure of 40*l.* is arrived at; the average.

(*Dr. Niven.*) In this section, is not "individual" a mistake? You are assuming an individual will remain in a bed a whole year; if you put "individuals."

(*Dr. Addison.*) Then cross it out.

(*Dr. Niven.*) Then would it not be better to make any provision additional to existing provision.

(*Chairman.*) We do not know what the existing provision is, do we?

(*Dr. Niven.*) Well, we do know that the existing provision is far under the demand, and if one thing is going to bring down tuberculosis, it is the ample provision of beds for moderately advanced cases. That is perhaps the most urgent provision of all, not from the point of view of treatment, but from the point of view of prevention, which we are specially called upon to consider.

(*Mr. Davies.*) Are there any figures, sir, to show how many beds there are available at the present moment?

(*Chairman.*) I do not know of any.

(*Mr. Davies.*) There are no figures showing this.

(*Dr. Addison.*) The committee appointed here yesterday met last night and spent about an hour on this thing, going through the figures available in the various reports, from Dr. Newsholme, and so on. It was generally assumed one bed per 5,000 of the population other than sanatoria beds appeared to be required. That would be 9,000 in all. But a great number of these beds the Committee recommended—at least as many of them as possible—should be obtained in existing institutions whether the ward of an existing hospital or by utilising existing houses or a disused isolation block or something of that kind, and for that reason it is impossible at present to know how far future requirements will be met by existing accommodation, and the Committee cannot at present suggest any figures under this head beyond the fact that including such existing beds as may be utilised some 9,000 are required. That is to say, we know a number of beds are now utilised in poor law infirmaries and all the rest of it; but we came to the conclusion that in addition to that there were about 9,000 beds required for various purposes, observation, for advanced cases, which we suggested should, as far as possible, be obtained in existing institutions, and that reduces, of course, the average expenditure which would be required for the provision of the beds. Many of that would not need any capital expenditure at all.

(*Dr. Niven.*) I can only say to you, Dr. Addison, that in the city I come from all the beds are under great pressure. We have been using 69 beds in Leytonville Hospital.

(*Dr. Addison.*) It is your own figure, we are giving your own conclusions.

(*Dr. Niven.*) Additional to the existing beds?

(*Dr. Addison.*) That is what I said.

(*Dr. Niven.*) That is the point I am speaking of. This says, if I read it rightly, we intend to utilise such existing beds as may be utilised. Well, beds which are being utilised will be counted in this 9,000. Now, my point is that, except in London, I think you will find, as a matter of fact, that the beds are being pretty fully used at present, so that elsewhere you will have to make additional provision. It is quite true that in London you have a lot of provision which may be utilised for this purpose. I do not think there will be found to be very much elsewhere, and if that is so, then I think the figure 9,000, you may safely put it additional, in any case, because the demand which is going to come upon you for hospital treatment in a short time will be very great. And it must be remembered that this Report deals not merely with cases which are coming under the Insurance Act, but with all classes of cases. It has no special reference to insured people, and I venture to say that the demand for accommodation in hospital will be upon us very soon, and it will be a very severe one.

(*Mr. Willis.*) May I ask if this paragraph was intended to state that, in the view of the Committee, 9,000 beds are sufficient to provide the United Kingdom with hospital provision. Is that intended?

(*Chairman.*) May I read an alteration made. It is impossible at present to know how far future requirements will be met by existing accommodation, and the Committee cannot at present suggest any figures under this head beyond the fact that some 9,000 beds, including existing beds, other than poor law beds, are required.

(*Dr. Smith Whitaker.*) Is that a fact, sir?

(*Chairman.*) I am merely putting that to make it clear as a basis for discussion, whether we mean that or whether we mean 18,000.

(*Dr. Smith Whitaker.*) It is only the word that I thought before "estimate," we cannot say to the fact.

(*Dr. Addison.*) I should like to say, "that are required for the purpose of observation for the treatment of cases."

(*Mr. Stafford.*) It is a very rough estimate.

(*Dr. Addison.*) We shall certainly require 9,000.

(*Dr. Niven.*) We shall certainly require 9,000 additional to existing beds of all sorts.

(*Dr. Leslie Mackenzie.*) Is there any estimate whatever, for England, as to how many existing beds would be included in this 9,000. It will effect us considerably in Scotland, because we have, up to date, 1,161 beds

for Scotland excluding poor law. If we add poor law we add another thousand, roughly we have 2,200 beds of all sorts, including sanatoria hospital for Scotland. That comes out roughly to one bed to 2,100 of the population.

(*Dr. Addison.*) That you have already.

(*Dr. Leslie Mackenzie.*) That we have at this moment in occupation. That is as nearly as we can count it a fortnight ago.

(*Mr. Willis.*) You are really over-bedded. At any rate according to this.

(*Dr. Leslie Mackenzie.*) On this standard. I want to get at how we should be effected by this idea of 9,000 beds including existing beds in England. If it is to include the 2,000 existing beds, or the 1,000 non-poor law beds in Scotland, it would effect our estimate very considerably in Scotland.

(*Dr. Niven.*) In Scotland you will be providing none at all.

(*Dr. Leslie Mackenzie.*) And on this assumption we will need double.

(*Dr. Latham.*) Have you any idea what number of patients are to be passed through these institutions during the year.

(*Dr. Niven.*) No, I could not say, the whole of the circumstances are going to be enormously altered.

(*Dr. Latham.*) We ought to know how many patients, how long are you to give them treatment, if on the average you are to give them a month's treatment, the 9,000 beds will accommodate 100,000. Surely we are going to deal with observation purposes or emergency purposes or educational purposes, therefore we can limit the time of the individual patient very considerably. In that way we will diminish the number of beds actually.

(*Dr. Niven.*) You may find it very easy to deal with cases on that basis. I do not find it practical to take advanced cases to these institutions and turn them out at the end of the month, and, moreover, there is a very large number of cases which it is not necessary to have in your institutions for the welfare of the family who are not proper persons to be at home. I think you could make ample provision. All that I am arguing for is not any alteration in the figure, but to make it an additional provision of 9,000 beds.

(*Dr. Latham.*) You want the money for 9,000 beds?

(*Dr. Niven.*) You can put any basis you like for the expense, but do not let us put down too little. The provision required, take it 40% if you like, if that is what you are estimating for, and let the corporations put for what they are already doing, I do not object, but I only say we must not estimate too low from that point of view, because that is the preventive. That is where we are to get the preventive system, and so far as education is concerned I am quite satisfied you cannot do better in institutions, but I do not think that is essential, but segregation is essential.

(*Dr. Latham.*) That is the point. How far are you to get the Committee to go for segregation.

(*Dr. Niven.*) Well, if you think that segregation is a valuable thing certainly a thousand beds over the whole country is not a very large amount.

(*Dr. Latham.*) No, but it is if you look at it in one way.

(*Chairman.*) May I read this: "It is impossible at present to know how far future requirements will be met by existing accommodation, and the Committee cannot at present suggest any figures under this head beyond the rough estimate that some 9,000 beds, including available beds other than poor law beds already in existence, are required for the purpose of observation and education and for more advanced cases."

(*Dr. Niven.*) Yes, I think you should exclude "available."

(*Chairman.*) Dr. Addison told us yesterday, quite rightly I believe, that you have wards in hospitals in London which will come, so to speak, on the market. We know that there are fever hospitals and others that may come. We do not know whether number is 30 or 300 or 3,000 or 9,000. We cannot surely advocate an unlimited number of beds. We can pledge ourselves to the rough estimate that in our opinion in this Interim Report we can say that 9,000 beds will be necessary. We make it quite clear that this does

not cover the whole ground, and we hope to have sufficient information by the time we get to the Final Report, and to be able to give the figure.

(*Dr. Niven.*) I have said enough.

(*Chairman.*) I think it would be very dangerous if at this stage we pledged ourselves to a very much bigger figure. Does that then meet the opinion of the Committee?

(*Dr. Mearns Fraser.*) Do we not have the words introducing this paragraph; we have certain phrases put at the beginning of these paragraphs saying that the number of beds would depend very much upon the style of treatment used by the authorities. We decided to put those in last night, if you remember.

(*Chairman.*) This is "for advanced cases for the purpose of observation and education and for more advanced cases."

(*Dr. Mearns Fraser.*) Yes, even then.

(*Chairman.*) Shall I put treatment; observation, education, and treatment?

(*Dr. Mearns Fraser.*) Yes. These are the expressions that we used last night and adopted at the small sub-committee that met afterwards. I thought they were to be put in; I see they are not on this draft.

(*Dr. McVail.*) Mr. Chairman, if we have no data to go on, it seems to me that 9,000 is rather a specific looking figure; 10,000 would be more suggestive of a round number fixed on in the absence of data.

(*Chairman.*) 9,000; I beg pardon, there is data for this 9,000, as I understand it, one bed for 5,000 population, it is not just a figure that we have taken in the air; it is based on one bed for 5,000 population.

(*Dr. McVail.*) The figure 10,000.

(*Chairman.*) 10,000 is based upon nothing.

(*Dr. McVail.*) No, but it is a round number that would protect the Committee suggesting that there was no attempt to suggest anything very definite.

(*Dr. Addison.*) You see, we came to one in 5,000 on Dr. Newsholme's report and from these various documents in the memoranda which we have before us, and which we have discussed at great length, and we came to one in 2,500 of the whole population, and then naturally that was divided into two sections, one for observation beds and the other for advanced cases; giving to each, of course, one to 5,000 of the population. One to 5,000 of the population is 9,000 beds, and there is a very careful calculation which Dr. Niven made last night at various centres, that we came to the conclusion that if that number were available in addition to the existing provision, it would about meet the case, and other evidence seemed to show that it was a fair figure, therefore, I do not see why we should depart from it.

(*Dr. Niven.*) It is a very rough calculation.

(*Dr. Addison.*) We know it is a rough calculation; we say so in our preamble.

(*Dr. Leslie Mackenzie.*) The difficulty is that this number includes the unknown number of existing beds.

(*Dr. Addison.*) That is true, but they are not now devoted to tuberculosis; it is in addition to those which are now devoted to the treatment of tuberculosis.

(*Dr. Mearns Fraser.*) Have you got these returns from local bodies as to the number of beds existing here. There was a special note sent round to every medical officer of health in the country asking for the number of beds in his district available for tuberculosis; that is the return I am asking for.

(*Mr. Willis.*) That return is not ready.

(*Dr. Mearns Fraser.*) That would be a very valuable return.

(*Mr. Willis.*) A number have not sent in these figures yet. We took out the figures for 100 large towns and prepared a statement, which I thought had been handed to Mr. Clarke some time ago.

(*Chairman.*) Then does the Committee agree to the last paragraph, which I understand runs as follows: "The cost of providing 900 beds will probably, allowing for the large number of existing beds in the hospitals and other institutions which may become available, not exceed an average of 40*l.* per bed?"

(*Dr. Addison.*) Not say "the cost of providing these beds"; we have plenty of money if we said 50*l.*

(*Dr. Meredith Richards.*) I think it would be quite 100*l.*

(*Dr. Addison.*) There are five millions in the London area; I am quite sure we can get the beds in London without spending a penny on bricks and mortar; they would be only too glad to give them. A lot of our hospitals are practically bankrupt as it is, and they would be only too glad to give us a ward, if they felt they could get something for maintenance; if we took the beds. There is a large section of the population gone already; that will, of course, very much reduce the average. Then in country districts, of course, you would not need these places at all; they would be treated by our charities, or something of that kind, sending them to a hospital miles away from their homes, because they want to be near their homes, so it is not applicable to country districts at all, this class of provision.

(*Chairman.*) May I suggest an alteration which I think will meet your point. We have to realise, as we have stated, that at any rate how many beds are available, therefore I suggest, at the end, "that the Committee wish this to be regarded as a rough estimate." We can only really strike an average; we take 50*l.*, 60*l.*, or 100*l.* when we know the number of available beds, so I think we could guard ourselves with some such words as these.

(*Dr. McVail.*) I think in your absence the Committee decided that Dr. Smith Whitaker should draft a preamble, pointing out that all these propositions were tentative.

(*Dr. Niven.*) I am sorry to trouble you, but might we have the whole of this CXIV. read; would it be possible to have the whole of this complete; this CXIV. read, because it is very important?

(*Chairman.*) "It is impossible, at present, to know how far future requirements will be met by existing accommodation, and the Committee cannot at present suggest any figures under this head beyond the rough estimate that roughly 9,000 beds, including available beds other than poor law beds already in existence, are required for the purpose of observation, treatment, and education, and for more advanced cases. The cost of providing these beds will probably, allowing for the large number of existing beds in hospitals and other institutions, which may become available, not exceed an average of 40*l.* per bed, but the Committee wish this to be regarded as a rough estimate."

(*Dr. Addison.*) I should say already in existence and not devoted to tuberculosis. That is the point.

(*Mr. Willis.*) Are you contemplating buying such places?

(*Dr. Addison.*) What I say is, the hospitals—take Charing Cross, for instance—are very hard up, and they have had to close some wards. Well, now, if we come along and say: "Will you give us a ward, some 20 beds, we will pay you 20*l.* or 30*l.* a year, or something for each"; they will jump at it.

(*Dr. Latham.*) Will they? They have got a large mortgage on them; they have to find some money.

(*Dr. Addison.*) Say we will give you 20*l.*, if you like, towards decorating the walls, or some excuse; give them 20*l.* per bed, that will bring the average down.

(*Mr. Willis.*) You think you would acquire the freehold for 20*l.*?

(*Dr. Addison.*) We should, for a term of years, no doubt.

(*Dr. Niven.*) You want to equip the beds yourselves.

(*Mr. Willis.*) You cannot give this capital as donations to hospitals.

(*Dr. Addison.*) I am aware of that, but you will have to make, perhaps, some sundry alterations; separate exits; find some excuse.

(*Dr. Mearns Fraser.*) This is the cost of providing; you are not to provide these; you are to secure them if you can.

(*Dr. Addison.*) I think the cost of obtaining.

(*Dr. Mearns Fraser.*) I do not know how provincial towns go, but in Portsmouth there will not be a single bed.

(*Dr. Niven.*) That is my point.

(*Chairman.*) It is suggested, gentlemen, that the last paragraph should be left out, viz.: giving the figure of 40*l.* It is quite open to doubt as to what our legal position is; whether it is possible to give any sum out of this capital grant of one and a half

millions to an existing hospital; whether you could give the Charing Cross Hospital a grant of 10*l.* or 20*l.*; and I think if there is any doubt about it, as seems to be the case, it would be, on the whole, advisable not to put it into the Report. After all this is only an Interim Report.

(*Dr. Leslie Mackenzie.*) Is the idea of the matter of existing hospitals, or existing sanatoria, those places specially devoted to tuberculosis, now, is that excluded?

(*Dr. Niven.*) This again is a very serious matter, Mr. Chairman, if I might say so.

(*Chairman.*) What?

(*Dr. Niven.*) The question whether you are not at liberty to give money to existing hospitals.

(*Dr. Niven.*) Yes; it is a very serious question.

(*Chairman.*) For the Interim Report.

(*Dr. Niven.*) It should be settled as soon as possible.

(*Chairman.*) Yes, but we cannot.

(*Mr. Willis.*) Would it not answer for this Committee to say that as regards any new beds the local authority want to provide of this type a contribution of 100*l.*—four-fifths not exceeding 100*l.*, whatever you think the cost of the beds, should be given. That is all. It is not necessary to have a final sort of balance sheet, such as has been drawn up here. That is not necessary.

(*Dr. Addison.*) That is only to argue from.

(*Mr Willis.*) Quite, and what we want to know now is, how much will one of those beds cost if it has got to be provided now. Can that be done at 150*l.*? If it can, then you make a suggestion, I think, as to what proportion of that 150*l.* might properly be given.

(*Chairman.*) This would meet your point on the next page.

(*Mr. Willis.*) I think that meets my point. As I understand it, this Committee are proposing to say that of this type of bed we want 9,000. Some of these are now in existence and some are not. Those which are not in existence, and have to be built, ought to be built for 150*l.* a bed, in such case if it is part of a proper scheme we should recommend that towards that 150*l.*, 80*l.*, or whatever it is, will be contributed, and that is all we want to say.

(*Dr. Niven.*) That or less as the case may be.

(*Mr. Willis.*) Whatever you like.

(*Dr. Smith Whitaker.*) On the observation that you made and as I gathered, Mr. Willis is speaking to the same effect; I mean as to the question of the power to make grants to existing institutions, I gather now the difficulty is not the question of the law, that there would be no legal difficulty, but it is a question whether definite statements were made in Parliament that might be understood as in the nature of pledges precluding the money being applied in that way. Of course, if there is any argument of that kind, I think we ought to have it very fully before us, because this is a very important matter—this question of grants.

(*Mr. Willis.*) Does it matter to this Committee? All I feel we want to say is, we think there are 9,000 beds required, assuming that is the number, and we want to say that the new beds which are necessary ought to be built for 150*l.*, or whatever it is, and towards that we think so much should be given.

(*Chairman.*) May I say that there is a legal difficulty as to this, and I think I will ask Mr. Clarke to put it before the Committee.

(*The Secretary.*) The only legal difficulty I can suggest is, I do not quite see power under section LXIV. of the Insurance Act to give a grant to a hospital unless you have got hold of something in perpetuity for it. I think you would have to make some arrangement whereby you got it for good and all; I do not want to bind myself to that legal interpretation.

(*Dr. Niven.*) That would not preclude you from entering into a contract with an infirmary or anything of that sort.

(*The Secretary.*) No.

(*Chairman.*) That is only on the grant.

(*The Secretary.*) On the capital.

(*Dr. Addison.*) If that is the case, leave the last few lines out, the inducement to an institution which has already got its beds is not the capital grant if it cannot get it, it is the maintenance which is going to

be the inducement, to let us have the beds, but, after all, there is not much in this. As we shall come to it in the next page, I will not say anything more about the point raised by Mr. Willis, but I think if we were to commit ourselves to give a grant of, say, 90*l.* a bed, if necessary, to 9,000 beds over and above those in sanatoria, we should bankrupt the scheme, that is all.

(*Mr. Willis.*) Yes, but everybody agrees now, I take it, that we are going to recommend 9,000 as the total number required. We are not attempting to say how many of this 9,000 are now in existence. We all know there are a good many.

(*Dr. Niven.*) You could reduce the proportion, you know.

(*Dr. Addison.*) The Committee last night made a Report, and we want a paragraph of this character, if you please, put in:—

“The number of sanatoria beds required depends partly (this is partly Dr. Smith Whitaker’s preamble) on the number and type of cases, partly on the views taken by the local authorities and Insurance Committees, as to the relative numbers of cases requiring treatment in the sanatorium, or at a dispensary, or at home, respectively, and also on the periods of treatment in the sanatorium considered to be necessary. It is thus very difficult to state positively the definite number of beds, sanatorium beds, which would be required in each locality, but having regard to the figures at our disposal, and also to the changes which are liable to occur in marking out appropriate modes of treatment, we are of opinion that in the preparation of the scheme, local authorities should usually aim at a provision of sanatoria beds at the rate of one per 5,000 of the population. The number may vary from one to 7,500 to one to 5,000, according to the character of the population.”

I think that should be made applicable to the whole thing. It would be a very useful thing.

(*Dr. Smith Whitaker.*) A little adaptation in the last sentence would apply to the whole business.

(*Chairman.*) How does that fit in with the existing figures?

(*Dr. Addison.*) It fits in with the figures with a little adaptation.

(*Chairman.*) On the next page, recommendation I., I have a suggested amendment to put before the Committee: “That with a view to encourage the early provision of Tuberculosis Dispensaries the Treasury should make capital grants up to four-fifths of the amount required, provided the same does not exceed an average of 200*l.* per Dispensary.”

(*Dr. Addison.*) I should say an average contribution not exceeding 1*l.* per 750 of the population, because you might have a big Dispensary, costing 1,000*l.*, which will serve a larger population.

(*Chairman.*) Yes, as on the paper, leave the two.

(*Dr. Addison.*) I think they are better as they were.

(*Dr. Mearns Fraser.*) 1*l.* to 750 of the population with the unit of one Dispensary to 150,000 of the population; is it the same thing?

(*Dr. Addison.*) If you look at the tables you will see it amounts to 200*l.* for every 150,000 of the population.

(*Dr. Niven.*) 200*l.* for every 150,000 of the population, that is, 1*l.* per 300 of the population, 250*l.* for 150,000.

(*Dr. Smith Whitaker.*) I think Dr. Niven has confused what Dr. Addison said. I thought Dr. Addison said 200*l.* for 150,000?

(*Dr. Addison.*) Is 1*l.* for 750 of the population?

(*Chairman.*) Well, gentlemen, the first recommendation reads as follows: “That with a view to encourage the early provision of Tuberculosis Dispensaries the Treasury should make capital grants up to four-fifths of the amount required, provided the sum does not exceed an average of 1*l.* per 750 of the population or an average of 200*l.* per Dispensary.”

(*Dr. Meredith Richards.*) Omit that “population,” because of the difficulty in rural places.

(*Dr. Addison.*) If you are to tie this down, 200*l.* to a dispensary, it would be very unfair.

(*Dr. Meredith Richards.*) A dispensary unit?

(*Dr. Addison.*) Could you not add, "a sum for some dispensary"?

(*Dr. Meredith Richards.*) We have six counties in Wales that have only 60,000 population.

(*Mr. Willis.*) Do you gain anything by keeping the words "or an average of 200l."?

(*Dr. Niven.*) I doubt if it is correct.

(*Dr. Smith Whitaker.*) How would it meet it to say, "except in scattered districts." Could we get an agreement in that way? "Does not exceed except in scattered districts."

(*Dr. Niven.*) That gives 60,000l. of a total expenditure.

(*Dr. Addison.*) You will see it all set out on that table, the 60,000l.

(*Dr. Niven.*) I beg your pardon, it was the second part of the calculation which is not correct; I see the correction now.

(*Chairman.*) The suggestion now is: "That with a view to encouraging the early provision of Tuberculosis Dispensaries, the Treasury shall make capital grants up to four-fifths of the amount required, provided the sum does not exceed, except in scattered districts, an average of 1l. per 750 of the population, or an average of 200l. per Dispensary."

(*Mr. Davies.*) Might I suggest "rural districts" instead of "scattered districts"?

(*Dr. Smith Whitaker.*) These last words ought to come out.

(*Chairman.*) Yes, I beg your pardon, I had not seen that.

(*Dr. Leslie Mackenzie.*) Might I ask, Mr. Chairman, how exactly this is to be worked. Assume we have a small district, that you are asked to give a grant for a Dispensary, how is this average of 1l. per 750 to be exceeded?

(*Chairman.*) We merely recommend for urban districts.

(*Dr. Leslie Mackenzie.*) Is there any need to say "average"; would it not fulfil the whole purpose to say we think four-fifths of the amount required should be given, provided that the sum does not exceed 1l. 750 persons?

(*Chairman.*) That does not meet the rural districts, does it?

(*Dr. Leslie Mackenzie.*) It is the word "average" that rather confuses me; I do not quite see what it means there. The average does not come into existence till you find what grants have been made.

(*Dr. Smith Whitaker.*) I think the word "average" is inappropriate; you want to place a limit to your expenditure.

(*Dr. Thomson.*) You cannot exceed an average.

(*Dr. Leslie Mackenzie.*) That is what I mean; make it a definite figure; the average does not come into existence until you have done the work, so to speak.

(*Chairman.*) As further amended the section now reads: "That with a view to encouraging the early provision of Tuberculosis Dispensaries, the Treasury should make capital grants up to four-fifths of the amount required, providing the same does not exceed, except in rural districts, the sum of 1l. per 750 of the population."

(*Mr. Stafford.*) To be sanctioned by the Local Government Board; it is not the amount required, but the amount sanctioned.

(*Mr. Willis.*) The Treasury will not make capital grants; the Local Government Board is to distribute the money.

(*Mr. Stafford.*) The Local Government Board sanction it.

(*Chairman.*) We will put the legal phrase, the sanction of the Treasury.

(*Dr. Smith Whitaker.*) Can you not say the grant from the Treasury should not exceed; that comes out of the national purse.

(*Chairman.*) Dr. Paterson, I understand you want to raise some point before we begin.

(*Dr. Paterson.*) I asked at the last sitting of the Committee for the death-rate for England for institutional treatment of tuberculosis and the death-rate for Wales, where there has been practically none for the last ten years in comparison, and also the death-rate for Glasgow, Edinburgh, Dundee, and Aberdeen.

(*Mr. Willis.*) That has been supplied to Mr. Clarke.

(*Dr. Paterson.*) Have you got the death-rates for various parts of the United Kingdom?

(*Dr. Latham.*) The United Kingdom as a whole.

(*Mr. Willis.*) It has been got out for Edinburgh, Glasgow, Dundee, and Aberdeen; whatever you asked for; it was down on the note, and that was got out.

(*Chairman.*) Now, Dr. Latham, you want to raise a point.

(*Dr. Latham.*) I wondered whether it was not possible for the purpose of a Final Report, that we should get some information with regard to the available hospital accommodation organisation. We are in difficulties with regard to this institutional accommodation, and it must be possible to get a certain amount of information in regard to it, especially on the grounds that Dr. Mearns Fraser asked for. You say the reports have not come in; could not they be expedited?

(*Mr. Willis.*) A return has been prepared based on information received from 100 of the largest towns. That I was certainly under the impression had been sent to the Secretary of this Committee more than a fortnight ago. It was prepared more than fortnight ago, and whether it has happened not to have come here and is still at the Local Government Board, I cannot say.

(*Chairman.*) I think that is the case; I saw it in your room. I asked him several times if he had sent it, and he has not sent it.

(*Dr. Latham.*) What does that information include?

(*Mr. Willis.*) The return was sent to every Medical Officer of Health, asking him to specify what accommodation there is in his district for tuberculosis cases and the nature of the accommodation, by whom it was provided, whether a charge was made for the beds or not, whether the medical superintendent was the head of the place, and so on.

(*Dr. Latham.*) That would not come under institutions where no treatment for tuberculosis was carried on at the present time.

(*Mr. Willis.*) Fever hospitals.

(*Dr. Latham.*) Fever hospitals or general hospitals.

(*Mr. Willis.*) No; premises which might be utilised, but which are not now being utilised.

(*Dr. Latham.*) Could we get that information?

(*Mr. Willis.*) If it is possible to get that, and if the Committee thought it would be of service to them, I should be glad to help them in any way I could, but it did not occur to me—is it worth while for this Committee to attempt to say how much accommodation there is in Leeds which might be used for treating tuberculosis, for this reason that somebody in Leeds, willing to formulate a scheme for Leeds, one of his first duties would be to find out that fact as regards Leeds, and if we get the information sent here we could only get it sent with schedules. We could not verify it, or anything of that kind. That would be a very laborious thing for us to visit this accommodation, and see that it was so, so I was not sure it was really going to be of any practical value to this Committee to get that very exactly stated.

(*Dr. Latham.*) My view was that we might have a further basis on which to view the question of one bed per 5,000 and a probable cost of 40*l.*; the question of how you are to allocate the money; we are dealing entirely with suppositions.

(*Mr. Willis.*) Quite so, but there seems general agreement that from the medical point of view 9,000 beds rather for this class of person was sufficient for the community.

(*Dr. Latham.*) That is pure guess; we want to put in our Final Report something more than a guess.

(*Mr. Willis.*) Must that not continue to be a guess till we have had five years' experience.

(*Dr. Latham.*) It would be less than a guess.

(*Chairman.*) I take it the point is rather finance. Unless you know how many available beds there are in existence it is difficult to put the thing at 40*l.*, 50*l.*, 100*l.*, or 150*l.*

(*Mr. Willis.*) That is quite true.

(*Chairman.*) And if this information can be got, which I gather from you it can, it would help us in budgeting.

(*Mr. Willis.*) It would be rather difficult to get that exactly, really.

(*Chairman.*) But you began by saying that you would have to get it any way soon.

(*Mr. Willis.*) I am afraid I did not make my meaning clear. Dr. Latham pointed out that what the Local Government Board had asked for up till now, is information as to what beds are being used at the present time in each town and each county for the treatment of tuberculosis, not what further beds there are which are now being used for some other purpose or which are not being used at all, which might be termed to that account. That is the other question you wanted, is it not?

(*Dr. Latham.*) That is so.

(*Mr. Willis.*) And as to that we have not attempted to get that information.

(*Chairman.*) Would it be possible to get it?

(*Mr. Willis.*) I think it would be possible, but it would be rather difficult.

(*Dr. Latham.*) I think it would be very valuable.

(*Chairman.*) It is very difficult to get it with any approximate accuracy unless one has some guiding figures.

(*Mr. Willis.*) If this Committee is able to say that 9,000 beds is sufficient, I think it might rest with the people who have the money to see how much one can do; what one wants this Committee to say is, first of all, what is desirable from a medical point of view.

(*Dr. Jane Walker.*) Surely the 9,000 beds is a pure hypothesis, the merest assumption, say.

(*Mr. Willis.*) Yes, I think for some years.

(*Dr. Jane Walker.*) But should that not be worded if we could find out how many beds there are at present in existence that we could have for the treatment.

(*Mr. Willis.*) I do not think you will be helped after 9,000, because you were saying that is the number of beds we require for a particular type of patient. The medical view is, I understand, that 9,000 beds will be sufficient. It is another question whether you have got to provide that 9,000 or only 2,000 or only 3,000; that is quite another question; that is simply a financial question.

(*Chairman.*) I rather gather what is in the minds of some members of the Committee is this. At the present moment they have said that 6,000 sanatoria beds are required; should be built; that there is money for it; that they feel probably more than 6,000 should also be provided, but they do not quite know how much further they can go; how much cash they have, until they have some sort of idea of the money which they would have to spend on hospital beds; is not that rather the point?

(*Dr. Jane Walker.*) Yes, it is.

(*Mr. Willis.*) Would it not suffice for this Committee to say, we think this 9,000 beds are required for the advanced cases and educational purposes, and if there is enough money this Committee cannot say how many new beds are necessary, because we do not know at present how many existing beds can be utilised in this scheme, and then the Committee might say, subject to there being that margin or three-fourths or whatever proportion they think is desirable of the capital expenditure should be given.

(*Chairman.*) But I mean, supposing that there were 100,000*l.* left over. This Committee would rather feel, I should imagine, that it would like to say whether that 100,000*l.* was to be spent in additional sanatoria or additional hospital beds, or should be divided or used in some other way, and really they cannot advise with any accuracy whatever, as far as the finance is concerned, until they know how much of the 1½ millions will be taken up by this very big item, which may be big or may be comparatively small.

(*Mr. Willis.*) I should suggest if the Committee do want that information, the best plan is for this Committee to draw up a schedule by the Secretary, setting out exactly what is required, and then for this Committee to send the form out to the various Medical Officers of Health and ask them to fill it in, and then for the Committee to get a staff and tabulate it; it will be a bigish job.

(*Chairman.*) Might not the Local Government Board do it?

(*Mr. Willis.*) They could do it. Whoever does it, it will mean a certain amount of additional clerical work. The Local Government Board are at present very pressed; they have lost several of their men for the Insurance Commission, but still it can be done one way or the other. Anyhow if the Committee like, certainly.

(*Dr. Maguire.*) Would it not facilitate matters as regards the number of beds required if the medical members of the local commissions would before our next meeting ascertain the number of beds which are at present in general hospitals, cottage hospitals, and infirmaries occupied by tuberculous patients, I think we might arrive perhaps at a more accurate conclusion as to the number of beds necessary.

(*Dr. Addison.*) I do not quite know, sir, what point we are really discussing at the present time. I suppose it is an informal discussion to clear our minds, but I thought we were on the question of sanatoria beds Recommendation No. 2: "With respect to the number of beds ultimately likely to be required in hospitals or existing institutions." We have a sort of generally arrived at the number, and in view of what has been said it is undesirable to commit ourselves too greatly on matters of finance. We have the number of beds we should be likely to require or to use for this purpose in existing institutions. It seems to me, therefore, that the first thing to do with existing institutions, and to which we should naturally turn in the first place, are fever hospitals and places of that kind, and probably old institutions of one sort or another, and I think what we really want now is a return, as Mr. Willis was suggesting a minute or two ago, which I understood him to say could be obtained as to the number of beds which might possibly be placed at the disposal of this scheme, and it seems to me it would be a question which would naturally come in our Final Report rather than our Interim Report, any questions of the sort. As it might be a couple of months or so before our Final Report is prepared or sufficiently advanced, I think that time might well be used in acquiring the information. I hope Mr. Willis could see his way to persuade his Department to get this information for us from these various authorities throughout the country. If he would promise that—it is very essential information—I do not see we could go any further till we get it; we are suspended in mid-air, but you are a Government Department and have a right to obtain it.

(*Mr. Willis.*) Many committees, of course, do get their own statistics, and there is no difficulty whatever in a committee like this getting whatever clerical assistance is needed. There is much less difficulty in them getting statistics than the Local Government Board getting them; there is really; that is quite true. If you want three or four extra clerks at 2*l.* per week you can get them at once, but if the Local Government Board wanted three or four extra clerks at 2*l.* per week there would be many questions about it.

(*Sir George Newman.*) Will it not be necessary for the Local Government Board to get this information for their own purposes, in the next few weeks, anyhow?

(*Mr. Willis.*) No, I think myself that the Local Government Board will follow what I rather understood is the scheme of this Report, namely, we would say to each County Medical Officer of Health, or County Borough Medical Officer of Health, you must make a census of your area, you must find out your needs and your present supplies, and you must make proposals for meeting the deficiency, and in that way we would get it as regards every area, from every Medical Officer of Health a statement as to what is in that area which can be incorporated in this scheme.

(*Sir George Newman.*) Then is it your feeling at present—I do not want to press this; it may be an inconvenient question—that the Local Government Board would be in a position to give or withhold its approval to these schemes on a large scale throughout the country during the next few months, without actually having in its possession the data that we are now seeking. Do you feel if would be possible for any Government Department to form a judgment of its own, unless it has collected itself the data on which it

is to form a judgment, or would the Department rely on what it is told in County Officers' Reports, and so forth?

(*Mr. Willis.*) It can only rely on what it is told; surely that is the best information you can get. You can send your own officers into each area and yourself ascertain what there is there, but you would require a very large staff. I am much obliged for the question because I am not quite sure I have made myself clear. There are 70 borough councils approximately in this country, and 70 county borough councils, and from these 140 areas you are to invite reports.

(*Sir George Newman.*) Yes, that is the intention now.

(*Mr. Willis.*) But you will only get—our common experience probably has been that you will only get—adequate reports dealing with the number of available beds and so forth from a certain fraction of these 140. You will get complete and adequate reports from a number of the large authorities, where the medical officers were able to push around and know how to search, and where to search, and how to get the figures, and check figures, and so on, but there will be, surely, a large part of the country which will not be touched adequately by such a method; that the only method would be for a Government Department to actually send its own inquirers to every part of the kingdom. I do not think so. My impression is that taking those 140 authorities, part county borough councils and part county councils, the probability is that 130 of them would send in adequate reports on this sort of point; reports which you could rely on.

(*Sir George Newman.*) With regard to the availability of beds?

(*Mr. Willis.*) Yes, I should say so. I should say that in 130 out of the 140 cases you would get pretty nearly as good reports as you would by taking a new medical staff and sending them round. Unless you did it in the most exhaustive way, if a man remains in a town for several days probably, that kind of thing, I think you get a working answer, that is at the back of your mind, is it not?

(*Sir George Newman.*) Quite.

(*Mr. Willis.*) How can the Local Government Board decide how much they can give towards these beds until they know how many of those beds are required?

(*Sir George Newman.*) That is at the back of my question.

(*Mr. Willis.*) That is at the back of your mind. Well, I should say to start with, the Local Government Board would be applied to for the establishment of dispensaries at once, and they will also ask for the immediate formulation of schemes, and they would perhaps hold over the question for two or three months as to how much they should give per bed for these advanced cases, until they have got a fairly complete statement of what was going to be required. That is how I think it would work, and I should have thought it was rather better to leave it there than for this Committee to attempt to do anything.

(*Dr. Addison.*) To make a specific recommendation as to the proportion of the cost.

(*Mr. Willis.*) If this Committee do feel they want the information I really think it would be more convenient—I am anxious to assist the Committee in any way I can—but it is quite easy for this Committee themselves to send out forms to any number of these officers and ask them to reply to them. That would obviate the difficulty which some people will not always think of.

(*Sir George Newman.*) I do not for a moment think it will be a light task either for you at the Local Government Board, or for this Committee, but I do think that the whole issue is raised. I think without those facts in fairly exact form it is impossible for this Committee or for any body of persons to arrive at a judgment with regard to the actual financial claims which may fairly be made upon the money placed at their disposal under this Act.

(*Mr. Willis.*) But do you not feel, Sir George, this is a very important thing, if this Committee, the medical members of it, say, from the medical point of view, 9,000 beds is the right number required, that we have made a very important advance then if we might have medical opinion on that point.

(*Sir George Newman.*) Of course, much of that unanimity must depend on conjecture at the present moment, until we have got the fact, the amount of available beds in existence.

(*Mr. Willis.*) No, it is said here that 9,000 is the total number required for this class of patient, and supposing Liverpool were making an application, we should assume the same proportion held good there. We say 9,000 is required for the whole population; knowing the population of Liverpool, we could easily make the sum, and find out the number required there, and if Liverpool made an application for a particular grant for putting up a particular type of hospital, it is quite easy to investigate the case of Liverpool as fully as ever we like. You need not quote Liverpool with the opinion of the whole of the country, because on general grounds you have decided that 9,000 for the whole population is enough, and you applied the same figure to Liverpool, and you give Liverpool a share of this. I mean you can work it that way.

(*Dr. Latham.*) We cannot recommend on finance, it leaves the financial question untouched.

(*Mr. Willis.*) I do not think the Committee are asked to advise on the very precise points, are they? but upon the considerations of general policy, which will guide the Government in making provision for the treatment of tuberculosis in sanatoria. It is the consideration of general policy. It does not seem to be necessary under such a reference to go into all these precise details.

(*Dr. Latham.*) On the question of general policy, how much money you are to put to the hospital unit and how much to the sanatorium unit. You may have to limit your sanatorium accommodation owing to the necessity of having so much more hospital accommodation.

(*Mr. Willis.*) Yes, but if you have a consensus of medical opinion in favour of 6,000 sanatorium beds, and you want 9,000 of these other beds, that is 15,000 beds in all, and if you say definitely you do not know to what extent there are those 6,000 beds available, or you do not know to what extent there are these 9,000 beds available, but you say definitely that is the number required for this population, well, that I think is sufficient. As regards sanatorium beds, I am not quite sure whether you have not proposed to say that you want 6,000 in addition to everything now going on.

(*Dr. Latham.*) No, inclusive.

(*Mr. Willis.*) Inclusive of what is now going on. I suppose there are 6,000 beds now being used, are there not?

(*Dr. Latham.*) Not in institutions of 100 beds. We ruled out any institution of under 100 beds.

(*Mr. Willis.*) Do you? Well, that is not made clear in the Report.

(*Dr. Latham.*) We have not come to it yet.

(*Dr. Niven.*) It seems to me quite clear that you have already laid down sufficient general principles to guide the amount that must go, that can go, to any one locality, and, having done so, it is then a question of the consideration of the individual scheme. I quite agree with what Mr. Willis says.

(*Sir George Newman.*) Broadly, I think I ought to say I am largely, if not entirely, convinced. I believe that is the right course, personally. I am only expressing my own personal view. I do not see very much light on proceeding further. With great respect I still feel, and have felt all along, that these figures are very largely based upon rough estimates, and mere conjecture, and if that be not so, I agree we are on a different basis, but if that be not so, we are certainly not on a basis to deal with evidence. We are only on a basis to offer our advice to the Treasury, and the Minister who appointed the Committee, in saying that so many beds are required, and also our view is that beds will cost approximately such a sum, and that the only sound way of proceeding is to throw the burden of detail, first upon the local authorities making an application and sending in their claims, and secondly, upon the Local Government Board and other Departments of the State in allocating those claims. In the course of two or three years of the working of our Dispensary system as laid down, as suggested in the Report, both we ourselves and the Local Government

Board and all other parties concerned, will be in a much more favourable position to form a sound judgment as to the exact distribution of the money which is available, and as to the need which may become apparent for further expenditure, for not so large an expenditure, but personally I do feel, and I am purely expressing my own view at the moment, that my own judgment would be that we have no data sound enough, nor has any man any data sound enough; it is not because we are idle or negligent, or not caring to make such inquiries as we ought to make as a Committee, but that no inquiries at the present time will be of a character which would be sufficiently sound to budget at all accurately upon.

(*Dr. Niven.*) Yes, that is quite right.

(*Sir George Newman.*) So that I feel in pretty close agreement with what has been said by Mr. Willis, and as I understood the last remark of Dr. Niven, and I think that probably we had better as a Committee be satisfied with what we have done, and leave out of our Interim Report at all events any detailed statement with regard to the allocation of the money.

(*Chairman.*) It was not as I understood it, the question of the Interim Report as the Final Report. In the Interim Report we have recommended that 6,000 Sanatoria beds was a safe number which we could recommend at the present moment, safe for two reasons; one that it did not take up too much money; two, that there will be plenty of patients to fill them. But I rather understood from this Committee that the general opinion was that more than 6,000 Sanatorium beds would be required in the country, and I certainly rather understood that when we came to the Final Report we might give an intimation to that effect, but we cannot say that we think that it would be right to provide another 2,000 over and above that, or another 3,000, unless we can have some very rough—I agree—idea as to the amount of money which will be required for Hospital beds. If we know that there are 3,000 beds in the country which for a matter of 30*l.* or 40*l.* could be converted into Hospital beds we should know that we should be quite safe from the financial point of view in recommending another 2,000 or 3,000 Sanatorium beds, but if we have no information whatever as to the number of existing beds that could be converted into Hospital beds; if for all we know there are only 50 instead of there being 3,000, then we have to put aside mentally 150*l.* per Hospital bed, and as the result of that in our Final Report we cannot advise the construction or the inclusion in the general schemes of more than the 6,000 beds which we now admit among ourselves is inadequate; is merely a minimum.

(*Sir George Newman.*) Let me say, sir, that I entirely agree that we, on this Committee, have got to consider such financial proposals as we have had and as we can get. I do not suggest for a moment this Committee has wasted a moment of its time in dealing with this question as far as it could on a financial basis; on the contrary I think all such considerations have guided us and helped us with regard to the figures which we shall feel, or hope we may feel, able to present in our Interim or Final Report, and I am not suggesting for a moment we should not consider the financial issues as far as we can consider them. My point is a narrower one, more limited than that, not to attempt to state in our Interim Report, or as far as I can see at present in our Final Report, the exact terms of what we are calling for convenience a financial budget. I think we should consider them, argue them, debate about them, but I do not think we should state in either of these Reports. I do not think we should give any very full or detailed account of how we think this money should be laid out. It seems to me that we are going to embark upon a very large scheme which is going to affect the whole nation, and which may take on very different appearances in the next two years from now, and I should not like to be a party to an exact statement which a very little more experience and a few more facts would reveal to be an unsound statement.

(*Dr. Latham.*) How are we to deal with the Hospital question when we come to our Final Report?

(*Sir George Newman.*) I think broadly on the same sort of lines that we will with the sanatorium question, not from a financial point of view, checking as we can our view by such evidence as we have; still, on the

broad medical grounds and the conclusions we have already arrived at, Dispensaries and Sanatoria.

(*Chairman.*) How can we advise as to whether any additional Sanatorium beds should be provided in our Final Report unless we have some approximate idea as to whether there is money to meet that additional expenditure?

(*Sir George Newman.*) I agree that is a very embarrassing question, and it seems to me we have no answer, with great respect to you and the rest of the Committee, I do not believe we shall have a thoroughly satisfactory answer to that question. That is why I have felt all along that the whole pitch and tone of the Interim Report has been too crystallised and firm in its touch, and that we shall not be able really to produce either now or ultimately our report which does say at all accurately in numbers what shall be provided. I believe we must be extremely provisional and tentative in our statements. I repeat the view which I expressed some time back on that point, that our advice can be none the less exact, helpful, and constructive from the local authority's point of view.

(*Dr. Latham.*) There is another aspect of it, and that is the question of medical education. We are told this hospital question is a very important one, that some of us want a certain number of these patients to be treated in hospitals where there are teaching facilities. We have no idea at the present time whether we are going to have beds available in small-pox hospitals and poor law institutions of one kind or another, and information on that point is going to help us very much in our recommendations as to the utilisation of general hospitals, and I do not see myself how, possibly, this information for which I have asked can do any harm. It can only strengthen our position. I agree with everything that Sir George Newman has said with regard to the final recommendations, but we are on much firmer ground that more information ought to be had. If it is only going to be a matter of a certain amount of clerical assistance and we can get it for the asking, I really do not see why we should not ask.

(*Dr. Smith Whitaker.*) Is there any real objection to an inquiry by the Secretary from the various hospitals in the country; will they not be as willing to answer a question of that kind from the Secretary of this Committee as from the Local Government Board?

(*Mr. Willis.*) You are suggesting an inquiry at every hospital.

(*Dr. Smith Whitaker.*) If you are to get it at all that is what you have got to do.

(*Mr. Willis.*) As Sir George Newman says, if a Medical Officer of Health sends you this data, you have got his sifting of it and his personal assistants—you have 140 of them—which is very important.

(*Dr. Niven.*) Surely in the consideration of schemes it will be necessary for the Local Government Board to have some relative idea of how much money is likely to be allocated to the different objects. Otherwise it will be very difficult for them to consider a scheme at all.

(*Mr. Willis.*) They can give a grant on account if they do not know fully.

(*Dr. Niven.*) What I was going on to say was, would it not be better to fix a sum, even if you only fix 40*l.* per bed, for General Hospital treatment and just give some sort of idea of what were to be the relative proportions of the expenditure on different objects. That does not necessarily imply any accuracy of computation; it is simply how much money is available for the purpose. It is much better to do than have no sort of indication at all; I speak with submission.

(*Mr. Stafford.*) I think you will have to do what really has been done in Scotland; I think you will have to have a survey. Either the Local Government Board or some other body will have to make a survey and make a Report of the whole conditions. Until you get in touch with the Medical Officer of Health of the County Councils and get absolutely in touch with the conditions in each county, you cannot possibly get anything like good figures, I understand from Dr. Leslie Mackenzie that they are doing something of that sort; they have commenced it already in Scotland and I quite see we will have to do something of the same sort in

Ireland, and I think they will have to do something of the same sort in England. You will not get, for a very long time, accurate returns or returns which will be of the slightest use to you. You will have to send a man to every district, and you will have to have him state exactly what is the accommodation in that district and what accommodation will be required in the future.

(*Mr. Willis.*) I rather doubt whether it is essential to send a Government inspector to each county, and so on. You know in England there are a lot of exceedingly able men as Medical Officers of Health, such as Dr. E. W. Hope at Liverpool; I mean, any number of men quite as reliable as any Government inspectors who would do the thing thoroughly.

(*Mr. Stafford.*) Then, of course, you will get excellent returns from certain men, but you will get a whole lot of returns which will be based on quite different data; you will not get the men working on the same lines.

(*Mr. Willis.*) Well, I do not know.

(*Dr. Smith Whitaker.*) I remember one return which was got out by the Local Government Board from the Medical Officers of Health.

(*Mr. Willis.*) What Medical Officers of Health?

(*Dr. Smith Whitaker.*) It was a return made at the request of the Privy Council on the subject of unqualified practice. There you had some of the most eminent medical officers who made returns, and no doubt some of the returns were of very great value, but what struck me about the returns was the want of uniformity about them. It is that want of uniformity that I fear. I would rather, speaking from personal experience, handle returns, some of which were inferior, as long as they followed the same line, than have to collate one first-class return with one very indifferent return, and the great advantage you get from any centralised inquiry is that you get uniformity of method, and you get your facts from a common standard and from the same psychological standpoint.

(*Mr. Willis.*) That return that Dr. Smith Whitaker mentions was got from every Medical Officer of Health in the country; quite a different thing from what we are thinking of now in reference to tuberculosis.

(*Dr. Addison.*) I must say, somewhat reluctantly, I have become converted to Mr. Willis' view. There is another very important objection, I think, to this return which will render it certainly very fallacious, if you send a return to any particular place asking how many beds are available. Well, the hospital authorities if they were approached might say, "It depends on what you want them for; how much are you going to give us?" and so forth. Well, the man would not be able to say, "Well, if you give us something definite to go upon we will let you know how many beds we can supply." I can quite imagine several of the provincial hospitals, one of them now saying, "We have not any beds; we are always full up." But if you say, "We will give you so much a year for 10 beds," they would say, "Oh, well, that is another story"; therefore the return of the beds which are now available would be exceedingly fallacious, unless you can state the terms on which you will deal with beds. I must say I think we should be better to go canny in the matter of these hospital beds.

(*Dr. Niven.*) It seems to me really our best course is to lay down a certain relative sum which is to be expended on the different objects and let the Local Government Board be guided in considering individual schemes put before them.

(*Sir George Newman.*) I think we might not inappropriately explain in our Report the extreme difficulty which we have been placed in as a Committee in being without a lot of the data that we really require, and I hope I am not now going to add embarrassments to Mr. Willis' position, but I think we might even go so far, if the Committee were disposed to adopt such a suggestion, as to definitely propose that the Local Government Board should undertake a sort of survey that we are thinking of, as early as possible. We might say that we have not been in possession of the data, but some attempt is being made in Scotland or Ireland, although, in passing, one may be permitted to point out that a survey of this character in Scotland or Ireland is a very different thing to what it is in England.

(*Mr. Willis.*) Quite.

(*Sir George Newman.*) That some kind of survey might be undertaken, because here we are in exactly the same difficulty as those who are going to draw large deductions from our Report will find themselves in, and everybody will be in it for the next few years, therefore such a survey might not only possibly be of assistance and enlightenment to the Local Government Board itself, but it will be of extreme value to local authorities, and if I might say so, to Parliament too, in future considerations which undoubtedly this subject will claim from them.

(*Mr. Willis.*) As Dr. Thomson says, for the Local Government Board to undertake that with the whole of their medical staff it would take them a year, and all their other work would have to stand apart.

(*Mr. Stafford.*) I quite see that you would have to have a separate medical department.

(*Dr. Mearns Fraser.*) Surely the Medical Officer of Health could do that?

(*Dr. Thomson.*) I do think that by the Medical Inspectors of the Board doing only that part of their work which is absolutely essential it would take them the best part of a year. I presume we are not disposed to wait as long as that?

(*Dr. Addison.*) It would all require to be done by adequate inspection. If you get assistance from the Medical Officer of Health of the various local authorities, and so on, it will not need your inspectors.

(*Mr. Willis.*) It will not hamper the Local Government Board to get such a suggestion in your Report.

(*Sir George Newman.*) I am not suggesting we should hold up the Interim Report or the Final Report for this data.

(*Chairman.*) It will be a pious expression.

(*Mr. Willis.*) It will probably be desirable to put it that way.

(*Chairman.*) Possibly that might be added to what we have in the draft Report: "It is impossible at present to know how far future requirements will be met by existing accommodation, and the Committee cannot at present suggest any figures under this head." It is just some such pious expression.

(*Dr. Leslie Mackenzie.*) I think that will meet the case.

(*Dr. Mearns Fraser.*) Is this a request of the Local Government Board to send down special inspectors to make inquiries, or to make inquiries from Medical Officers of Health?

(*Mr. Willis.*) I think it is left in a vague position.

(*Chairman.*) We are now on the second recommendation.

(*Dr. Leslie Mackenzie.*) I just want to ask a passing question in case I do not get another opportunity to ask it; I should like to know definitely whether the shorthand record is to be made public or not?

(*Chairman.*) No; the second recommendation, I think, would have to be slightly altered. The provision of the 6,000 sanatoria beds. We are prepared to commit ourselves that 6,000 beds will be necessary for the United Kingdom, and, therefore, we feel justified in recommending up to 90*l.* per bed, but if you were to put it purely for the provision of the sanatoria beds we might be —

(*Dr. Addison.*) I would like to ask Mr. Willis to guide us, through you, sir, on the question of this financial inducement. Supposing it is found that you cannot provide sufficiently satisfactory beds for 150*l.*, does Mr. Willis think that a grant of half that amount will be a sufficient inducement. I am only thinking, not knowing what we are going to be landed in, in respect of provision of hospital beds, if we can safely cut down that 90*l.* to 75*l.*, it will be all the better; that is all.

(*Dr. Niven.*) Yes, it would be much better.

(*Dr. Latham.*) You are limiting the inducement to put up sanatoria.

(*Dr. Addison.*) Yes, I know; that is the point.

(*Dr. Niven.*) I would suggest 50 per cent.

(*Dr. Philip.*) I am of the same mind.

(*Chairman.*) What do you think, Mr. Willis; if they do not know that we have considered three-fifths, they might be only too pleased to receive half; do you think it would be sufficient inducement?

(*Mr. Willis.*) With Dr. Niven, I quite agree.

(*Chairman.*) Dr. Niven and one or two other

members of the Committee think it would be sufficient inducement to local authorities to offer them half. What is your opinion, Dr. Thomson?

(*Dr. Thomson.*) One half, I think.

(*Dr. Addison.*) You think that would be quite enough to get them to start?

(*Dr. Thomson.*) I do not say it would tempt every authority, but one-half is a fair proportion.

(*Dr. Addison.*) I think, in the beginning, we might have to do a little more than is fair, in order to induce authorities to come into line, because when they get started on the slippery slope, they will have to go on. The difficulty is to get them started.

(*Chairman.*) As I understand from Dr. Leslie Mackenzie, a large number of his authorities are only waiting for the signal, and they will go ahead.

(*Dr. Leslie Mackenzie.*) Yes, that is so.

(*Mr. Willis.*) They are very far ahead of England. I personally would like to be able to offer rather more than half.

(*Mr. Stafford.*) I would like to see a little bit more offered as an inducement; you want to induce these people to come in.

(*Mr. Willis.*) The sort of thing I contemplate is this; that the Local Government Board might say in their Circular, "We cannot at present state precisely what proportion of this capital expenditure should be granted in aid. We shall, however, be able to give at least a half, and possibly three-fifths." I mean, put it that way, because you start them with one-half, and at the end of a year when you saw exactly how you stood, or more nearly how you stood than you can possibly see now, you might be able to give them something more, and for that reason I should not like this Committee to say, as a kind of general principle, that they do not think more than one-half should be given.

(*Dr. Smith Whitaker.*) Supposing we said at least one-half, and let the Local Government Board be more generous when the time comes. Suppose we said at least one-half in our Report, then the Local Government Board could give more if they thought fit.

(*Mr. Stafford.*) "Not exceeding three-fifths."

(*Chairman.*) We could say, "up to three-fifths."

(*Dr. Paterson.*) We ought to offer an inducement to make these people do something. It is all very well for gentlemen in this room; most of them are connected with counties and boroughs that are really doing something; they forget the other people that are absolutely doing nothing and who would take a lot of pushing before they would do anything at all. For instance, there is Ireland and Wales; there is absolutely nothing being done, and there are some parts of Wales where they will do something, and others where they will do nothing.

(*Chairman.*) I imagine there is really enough money to be able to offer three-fifths, and if that is put before them, I think the first impression they will get is, that this is rather more handsome than they had anticipated.

(*Dr. Willis.*) I think Dr. Smith Whitaker's proposal would do; not less than one-half.

(*Dr. Niven.*) Yes, "be not less than half, and does not exceed."

(*Mr. Willis.*) I would not add "not exceeding," if there was enough money to provide the lot.

(*Dr. Niven.*) There should be a good deal of variation, according to the quality of the provision proposed to be made, and a little latitude would be desirable.

(*Dr. Addison.*) To "make capital grants of not less than one-half."

(*Dr. Niven.*) "Of not less than one-half."

(*Chairman.*) "Provided the sum does not exceed."

(*Dr. Latham.*) "Not less than one-half, and not exceeding three-fifths."

(*Mr. Willis.*) Yes, I do not mind that.

(*Chairman.*) I think we shall have to leave it rather as it is, because we cannot say "not less than one-half," and then "provided the sum does not exceed an average of 1*l.* per 55 population, or an average of "90*l.* per bed," because that is made on the three-fifths basis.

(*Dr. Thomson.*) You want a control upon the absolute expenditure.

(*Dr. Smith Whitaker.*) Supposing you put it this way: "the grant should be at least one-half, and in " no case should the aggregate exceed an average of " 90*l.* per bed."

(*Dr. Addison.*) Knock out "up to three-fifths," and put "not less than one-half the cost per bed, provided " the sum does not exceed an average of 90*l.* per " bed."

(*Dr. Smith Whitaker.*) I should not say "provided," and that the total sum should not exceed an average " of 90*l.* per bed."

(*Dr. McVail.*) The total contribution.

(*Dr. Addison.*) "Should not exceed 90*l.* per bed."

(*Chairman.*) If you leave the 90*l.* you must have the original words "up to three-fifths."

(*Mr. Willis.*) Will it not suffice, Mr. Chairman, to say the grants should not be less than one-half the capital expenditure, and then state, "as the Committee have already explained, they think that the " beds should usually not cost more than 150*l.*" That indicates, you see, generally what we have got in our minds by one half, without putting the two things into one sentence.

(*Dr. Addison.*) Of course, "the not less than one-half." I should have been inclined to have put in the limit, because you might have some people who might want to spend 300*l.* per bed. Not less than one-half of that would be at least 150*l.* I should like to prevent that kind of thing. I think, therefore, that "not exceeding 90*l.* per bed" might, perhaps, prove useful to the authorities for that reason

(*Mr. Willis.*) Yes.

(*Chairman.*) Is there any objection to the words as they originally stood?

(*Dr. Addison.*) Not originally, "not less than one-half."

(*Mr. Willis.*) "Up to three-fifths."

(*Chairman.*) If you say, "one-half" you cannot put in "up to 90*l.* per bed." Is it the opinion of the Committee that the paragraph should now read, "that, " in that provision of the 6,000 sanatoria beds for " adults, the Treasury should make capital grants up " to three-fifths of the cost per bed, provided the sum " does not exceed an average of 1*l.* per 55 population, " or an average of 90*l.* per bed"?

(*Dr. Leslie Mackenzie.*) Would that preclude the possibility in a very poor district where the public health rate is at its maximum of giving a grant to enable them to build the whole cost of the bed?

(*Mr. Willis.*) You will not be bound by this; it is merely a recommendation of the Committee.

(*Dr. Leslie Mackenzie.*) Normally it would be this.

(*Mr. Willis.*) Yes, that is what it comes to within your discretion.

(*Dr. Leslie Mackenzie.*) Yes.

(*Chairman.*) Then, the third will have to be omitted. I think merely some opinion that we cannot give any figure.

(*Dr. Addison.*) I should say, "For the purposes of " this Interim report the Committee do not feel at " liberty to make a recommendation with respect to " the grant."

(*Chairman.*) Yes, "for lack of information."

(*Dr. Niven.*) I do not see how you are to get information on that point.

(*Mr. Willis.*) I think the Committee might make a suggestion that some proportion of the capital outlay on hospital beds might be given. We quite agree that they ought to be provided.

(*Chairman.*) We cannot say what proportion.

(*Mr. Willis.*) Quite.

(*Dr. Niven.*) Supposing you said one-fifth.

(*Chairman.*) The Committee cannot suggest what proportion.

(*Dr. Niven.*) But that would be limited to the total sum proposed to be expended for that purpose, will it not?

(*Mr. Mearns Fraser.*) Why should not the allocation be made on a different basis for these beds than the sanatorium beds?

(*Dr. Niven.*) Because there is no money.

(*Dr. Addison.*) Oh, yes there is.

(*Dr. Niven.*) Why not make the allocation?

(*Dr. Addison.*) That is what is in my mind. We are very careful, and always want to be careful, but, as

matter of fact, of course, we provide four-fifths of the dispensaries, 6,000 sanatorium beds at 90*l.* a bed. We have got about 800,000*l.* still to play with.

(*Dr. Mearns Fraser.*) This Committee thinks we shall want beds in connection with Dispensaries. Why not say how large a proportion you will pay of these beds; three-fifths, the same as the other, surely? You could not say how many will be required. You cannot do that, but you can say what proportion you will pay.

(*Dr. Leslie Mackenzie.*) What will actually happen will be that you will get your Sanatoria into hospitals and other cases.

(*Dr. Niven.*) If you do not make provision.

(*Chairman.*) For the purpose of this Report?

"That, for the provision of beds for adults other than beds in Sanatoria, the Treasury should make capital grants up to three-fifths of the cost per bed, provided the sum does not exceed an average of 1*l.* per 208 population or an average of 24*l.* per bed."

(*Dr. Mearns Fraser.*) I think you ought to put in the proportion. You may limit the amount which you are going to spend, but you should put in the proportion that you are going to pay for the beds.

(*Dr. Leslie Mackenzie.*) You have already allocated so much to Dispensaries, so much to Sanatoria, there is only one-third thing to do, so that you determine a proportion for other beds if you are settling what is to be given.

(*Dr. Mearns Fraser.*) We have not said the whole for Dispensaries and the whole for Sanatoria.

(*Dr. Leslie Mackenzie.*) But roughly?

(*Chairman.*) We find we have not any information on which to base recommendations.

(*Dr. Leslie Mackenzie.*) I mean the total allocation is divided into three parts, roughly, Dispensaries, Sanatoria, and the other for Sanatoria beds. In determining the two you also determine the third.

(*Dr. Addison.*) As a matter of fact we could give 75*l.* a bed for 9,000 of these other beds, and give 200,000*l.* for children's beds, and still have a balance out of the one million and a half.

(*Dr. Leslie Mackenzie.*) What I was to suggest was would it be possible to make some statement about it? If we had to give 75*l.* a bed for the whole 9,000 we would have 900,000*l.* still left.

(*Dr. Niven.*) That is a very handsome provision; why not make it?

(*Chairman.*) Would we not be on the safe side, which we have all rather agreed was desirable, if we had some sort of general recommendation like that. We have given a certain amount for Dispensaries, a minimum number for Sanatoria, and then we left the whole rest for other Dispensaries, Sanatoria or for other beds, observation, education in Hospitals. I think that is really the safest thing that we can do.

(*Mr. Willis.*) You are not attempting to tie the hands of the Local Government Board by that?

(*Chairman.*) Merely the minimum for Dispensaries and Sanatoria, and you leave what balance we can get for further provision.

(*Dr. Mearns Fraser.*) Yes, this will discourage the provision of other beds if you make no recommendation. You have a certain amount of money which you know you can go up to. We will give three-fifths up to this amount.

(*Chairman.*) We are merely giving the Local Government Board a freer hand as to what to do with the balance.

(*Mr. Willis.*) It is not to fetter the Local Government Board?

(*Chairman.*) It gives them a freer hand.

(*Dr. Mearns Fraser.*) I am thinking of what the local authorities will say who are to get three-fifths for Sanatoria. It seems a rather doubtful thing whether we will get anything for these hospital beds.

(*Dr. Smith Whitaker.*) It seems to me that one object of this Report is to give information rather than for the guidance of the Local Government Board?

(*Dr. Latham.*) Could you not add a phrase that grants should be made for this purpose so as to leave the Public Health Authorities to understand that they were going to get money?

(*Dr. Addison.*) I think we could afford to put in here, this is not the precise phraseology, that quite apart we could give at least 60*l.* per bed for each of those 9,000 beds

supposing they would all have to be provided, which of course they would not. We can give 200,000 for children and then we should have 150,000*l.* left.

(*Mr. Willis.*) You would, having provided for dispensaries?

(*Dr. Addison.*) There is 60,000 for dispensaries; 540,000*l.* for the 6,000 sanatoria beds, that is 600,000*l.*; then there is 9,000 beds, we will say at 60*l.* apiece that is 540,000*l.*, that is 1,140,000*l.* Then 200,000*l.* for children is 1,340,000*l.* And we have 160,000 left, so that I feel we could quite safely state a figure within that limit. I quite agree with Dr. Mearns Fraser, I think we ought.

(*Dr. Niven.*) Put it in this way, "It is recommended that grants ought to be made up to 60*l.* per bed."

(*Mr. Willis.*) Yes.

(*Dr. Addison.*) Yes, I think that would do.

(*Chairman.*) "That grants should be made for beds other than the Sanatorium beds, but that owing to lack of information the Committee in this Interim Report cannot suggest what proportion of capital outlay needed for these funds should be met out of the Treasury grant." That expresses the opinion that grants should be made for these beds, but as far as this Interim Report goes we do not feel justified in naming a figure.

(*Dr. Leslie Mackenzie.*) But would it not rather give more point to that if we rounded it off with an hypothetical figure, that on the supposition that you are giving so much it would be possible to provide out of the grant for, say, 8,000 or 9,000 beds. It would be giving it a quantitative appearance.

(*Mr. Willis.*) "We think, however, that it would be quite possible to provide at least 60*l.* per bed for these beds."

(*Chairman.*) Yes, but for all these beds I understood that these hospital beds will really be more expensive even than sanatoria beds?

(*Dr. Niven.*) If newly provided.

(*Chairman.*) If you have to provide them, therefore, it would not be quite fair to say for a Sanatorium bed you are to give up to 90*l.*, whereas for a Hospital bed you are only to give up to 60*l.*

(*Dr. Niven.*) They may be more expensive, but then there would be a certain amount for the Local Authorities; it does not matter whether the total sum is, or is not more expensive, you are only prepared at present to give up to a certain amount.

(*Mr. Willis.*) I think it is only fair; Local Authorities ought to bear a larger proportion of the cost of that type of bed because they are being put up for preventive reasons, that is, like fever hospitals.

(*Dr. Niven.*) I think the best thing is "it is recommended that grants be made up to 60 per bed"; I think that meets it.

(*Chairman.*) Then, is 60*l.* the figure generally approved by the Committee; we will see how it can be worked.

(*Dr. Addison.*) There are only two other points which I should like to raise on finance, which I think myself of great importance; the first is provisional institutions for children; we have said nothing about them in these recommendations here, and we agreed, you remember before, with respect to the necessity of providing additional accommodation for the treatment of children, and on the basis of our previous discussions—250 medical beds and 200 surgical beds for England which would cost on an average of 150*l.* apiece, would cost 337,000*l.* and if we were to give a grant of 71*l.* per bed, that would be 160,000*l.* for England, and the equivalent grant for Scotland and Ireland would be 40,000*l.*

(*Dr. Leslie Mackenzie.*) That is a total of 40,000*l.*; 20,000*l.* each.

(*Dr. Addison.*) That is an equivalent grant. I really put down a round figure of 200,000 and divided it into proportions. If they can get more beds for less money per bed, all the better. Anyhow, I think we ought to make a specific recommendation on this point.

(*Chairman.*) Then, we will frame some recommendation on those lines that a capital sum of 200,000*l.* should be set aside for providing institutions for children, and that this money should be distributed through the respective Board of Education.

(*Mr. Willis.*) It cannot be distributed through the Board of Education.

(*Chairman.*) On the recommendation—

(*Dr. Mearns Fraser.*) That is just a guess sum; we have no facts on which it is based.

(*Dr. Addison.*) No.

(*Dr. Mearns Fraser.*) What is it based on?

(*Dr. Addison.*) It is based on the last two reports of the School Medical Officer of the Board of Education as to the number of children that are being treated, the number of medical beds there are for children, and the number requiring treatment, and they want at least 3,000 additional surgical beds and about 500 medical beds. I have got 200,000*l.* down here. We could not fairly claim on this Treasury grant, which was *quâ* tuberculosis, the whole of their requirements, because they are not all surgical cases.

(*Dr. Mearns Fraser.*) I am glad you have stated that. Would it not be just as well to put that in the Report; it is based on returns afforded by the Medical Officer of the Board of Education.

(*Dr. Addison.*) It is.

(*Dr. Niven.*) What is the resolution, that the distribution of this sum be indicated in the first instance on the recommendation of the Board of Education?

(*Dr. Addison.*) Then, I have another point.

(*Chairman.*) Will you raise it?

(*Dr. Addison.*) The next point in finance which is also missed out is, financial provision should be made for the aiding of domiciliary treatment. We have been spending our money and we have said nothing about maintenance of these beds. We ought to make some recommendation. I would be glad to hear what Dr. Smith Whitaker has to say upon that point, if he will kindly do so. It is very critical. I think we certainly ought not to allow this Interim Report to go out without saying something in it about the provision which ought to be made by the assistance of domiciliary attendants by general medical practitioners. It would be exceedingly valuable to tuberculous persons, and in these three recommendations no mention is made of it. I mentioned it in the draft. I admit it is rather hard and fast; it might want modification. "That the contribution of the Insurance Committee towards the cost of the domiciliary treatment of tuberculosis persons by general medical practitioners in association with the Medical Officer of the Tuberculosis Institute be estimated on the basis of 1*l.* per head per annum of insured persons and their dependents receiving sanatorium benefit, but that the sum contributed should not exceed 1*l.* per 400 population." I know that is rather hard and fast, and you might not wish to make it so definite as that. If you estimate four times the death-rate as those who will probably require some treatment or another, that would be 180,000 persons approximately. That will be 180,000*l.* which sum will belong to the Insurance Commission Committees, and some would not; I put it at three-fifths to the Insurance Committees, and the remainder to other persons. In any case I think we ought to make a recommendation on the point that it should be paid.

(*Dr. Smith Whitaker.*) Do I understand Dr. Addison is confining that to the question of payment for domiciliary treatment; he is not considering at the present concurrent payment towards Dispensaries, Sanatoria, and so forth.

(*Dr. Addison.*) Not on that; I am on the domiciliary treatment.

(*Dr. Smith Whitaker.*) On this, the only suggestion I have to make is that it should be a little more vague, not as a recommendation that the amount should be that, but I think there should be put out a rough statement on this matter, in which one should begin by making the reservation which one feels ought to be made all through, but then you might go on to say, that on the facts before us it appears to the Committee that perhaps the proportion to be allocated in this direction in the total sanatorium benefit may be approximately so and so.

(*Chairman.*) That we should not go further than say that just some payment should be made.

(*Dr. Smith Whitaker.*) I think Dr. Addison would like to say something more definite if we could get it, but I do not think it should go in the form of a recommendation that it should be so and so.

(*Dr. Addison.*) We ought to make a recommendation that would be something more than a pious opinion.

(*Dr. McVail.*) This is, of course, not capital expenditure, this is maintenance.

(*Dr. Leslie Mackenzie.*) This is insurance committees' contributions.

(*Dr. Addison.*) It is payment for treatment.

(*Dr. McVail.*) Out of the 1s. 3d.

(*Dr. Addison.*) Out of the 1s. 3d., yes.

(*Dr. Smith Whitaker.*) In the opinion of the Committee the sum of 1l. per insured person may be provisionally assumed. Every tuberculosis person may be provisionally taken as the proportion of the aggregate cost under this head.

(*Dr. McVail.*) 1l. per annum?

(*Dr. Smith Whitaker.*) 1l. per annum.

(*Dr. Addison.*) Yes, I think that would meet the case quite well for a person receiving sanatorium benefit.

(*Dr. McVail.*) How much does that take out of the 1s. 3d.?

(*Dr. Addison.*) It takes 180,000l. a year out of your 882,000l.

(*Dr. Leslie Mackenzie.*) Is that for the United Kingdom.

(*Dr. Addison.*) It is impossible to show you, at any rate, how many shall be insured persons and how many not.

(*Chairman.*) I do feel, if we name any sum we are getting on very dangerous ground, and I should have thought that anything more than pious opinion that the general practitioner should receive payment is not necessary. After all, it is for negotiation and bargain between Dr. Smith Whitaker and the general medical practitioner. I do not think we could possibly enter into any figure. I think it would be most unwise,

(*Dr. Addison.*) Adequate payment.

(*Chairman.*) Yes, adequate payment. Any round phrase like that, but not a specific sum.

(*Dr. McVail.*) Would you stick in "which must be satisfactory to the profession"?

(*Dr. Smith Whitaker.*) I do not think really we could go into any recommendation as regards domiciliary treatment, unless we are to do what I thought Dr. Addison was wanting us to do—I feel great doubt about it—and that is, make a man a provisional allocation of the whole sanatorium benefit, with the assistance of the local authorities, and people who want to know how much they may count upon for the dispensaries. That is the only way in which this seems to be useful. Give the local authorities an idea of how much they can count upon from insurance sources for dispensary and sanatoria, make an all-round estimate as you have done in the case of the capital grant, but I feel still it is rather doubtful.

(*Chairman.*) We rather agreed on capital; we had better go carefully, but I think on maintenance still more so.

(*Dr. Niven.*) On maintenance; if you reckon 10 per 1,000 as the incidence of tuberculosis, and certainly that is the minimum. It will mean an annual expenditure of 1l. per head of 450,000.

(*Dr. Mearns Fraser.*) That is 10 cases for every death.

(*Dr. Niven.*) Ten cases per 1,000 of population.

(*Dr. Addison.*) We have usually multiplied the death-rate by three; the death-rate is about one per 1,000.

(*Chairman.*) I gather from you, Dr. Smith Whitaker, that you rather agree that our position will be very very difficult if we name any figure, and that you are even doubtful about the pious opinion.

(*Dr. Smith Whitaker.*) It was only in deference to my friend, Dr. Addison, that I ventured —

(*Dr. Addison.*) We have to face this fact, and we may not get any further if we do not; whether we are not committing ourselves too precisely. I quite admit we must not go too far, but still what are these local authorities going to ask themselves. They will say, after we have provided a dispensary, how much will it cost to keep it going? They will very sensibly ask

themselves that question immediately. Is the whole of this coming out of the rates? If so, then we will only have 20 beds. If half of it is coming from somebody else, well, then, we can run to 40. It is the very foundation of their recommendations. I do not see myself how you can expect local authorities to send in adequate schemes and suggest that they would be responsible for adequate schemes, unless they have some notion—make it as vague as you like—but they ought to have some sufficiently adequate information that they are to have revenue grants coming in from somewhere to keep them going.

(*Chairman.*) If you intend these resolutions to convey an inducement to the ratepayer of the local authority, I think it will have exactly the reverse effect, because at present he knows he is pooled with insured persons, he knows each of those insured persons is going to put 1s. 3d. into the pool, and if you are to tell the ratepayer out of this 1s. 3d. you are to take 1l. per head of the consumptives and give it to the doctors instead of giving it to the ratepayers, it is surely going to deter them instead of inducing them to come. Now they imagine the whole of the 1s. 3d. for insured persons is available to pay for treatment in these institutions; that is the impression they have got.

(*Dr. Addison.*) The sooner we remove that wrong impression the better.

(*Chairman.*) You are not offering this as an inducement to the ratepayer to make him realise that he is not to get so much as he had hoped.

(*Dr. Addison.*) I admit there are two elements to the question; first, the domiciliary treatment, which is no inducement to the ratepayer. What the Insurance Committee does for payment of the domiciliary treatment of tuberculous persons does not matter to the ratepayer, but what does matter to him is what he is to be committed for in terms of maintenance in respect of this capital outlay. I quite admit I have wandered from the point of domiciliary treatment. It is only in reference to Dr. Smith Whitaker that we ought to make some more or less definite recommendation as to the provisional allotment of the sums available for maintenance. At all events, without going into that just now, keeping to the one point, I should like to say something or other—adequate payment, or something of that kind—should be made for domiciliary attendance by general medical practitioners out of the sanatorium benefit.

(*Dr. McVail.*) Of course, that adequate payment would diminish the necessity for heavy expenditure on the dispensary side.

(*Dr. Addison.*) Much the cheapest form.

(*Dr. McVail.*) It would be really lessening the cost of the dispensaries to the ratepayers; in fact, if it were put forward for acceptance it might be put to the medical profession that the general medical practitioners were related to the dispensaries, and were doing outdoor work for the dispensaries, and it might be stated that these domiciliary visits were part of the dispensary system.

(*Dr. Addison.*) Certainly.

(*Dr. McVail.*) And would include those visits made by the general medical practitioner as really part of dispensary work.

(*Chairman.*) If you could put in some such rounded statement as adequate payment into that recommendation?

(*Dr. Smith Whitaker.*) May I say, it seems to me if we are to go into this question of the finance at all, we want to approach it, not so much from the basis of figures, as from an explanation to these people who are unfamiliar with the working of the Insurance Act, and what we may call the mechanics of the thing. What the local authority I take it will rather want to know is, under what kind of heads are they going to get from the Insurance Fund. I rather think to give what is the basis of payment, not exactly the sum they are to receive, and if we end up with any figures at all it should be after stating the considerations which have led us to suggest those figures, and in my judgment stating those considerations is more important than the figures, from the point of view of the effect it is going to have. For example, as regards the dispensary, that the Insurance Committee may pay for the

governing body of that dispensary, whatever that body is, whether it be a local authority, a charity, or a private person or persons, that they may pay them either on the basis of a capitation payment of so much per head of the people actually undergoing the treatment at any given time, or they may enter into an agreement with them for a period of years, but in consideration of the sanatorium authority establishing a dispensary in a certain area, the Insurance Committee will contract to pay not less than a minimum grant of so much per annum, and additionally in proportion to the number of people treated, to afford an inducement, if the medical officer of the dispensary has such a status, and is in such position that the Insurance Committee are prepared to accept him as their adviser, that in addition they will pay so much towards the fund out of which his salary is paid, in consideration of services rendered in that capacity. If you make a clear statement of the kind of basis on which you intend that to be paid, that will be as helpful as any actual figures. The Committee may say, it seems to us that if the proportion of assured persons requiring treatment is so and so, then the reasonable cost of the upkeep of the dispensary, the Insurance Committee shall contribute towards may be so and so. So rather than a definite democratic recommendation, if the Committee think that would be of any value, I shall be very glad to co-operate with the Secretary in drawing up a statement on these lines.

(*Dr. Niven.*) I think you must be a little more definite than that, Dr. Smith Whitaker. It seems to me that you are opening up a very contentious matter, if you do not fix, at any rate, some sort of sum which would be expended in total in dealing with that matter. I do not think it should be left quite indefinite as regards the total amount to be expended, because what you are going to do with regard to the other matters depends entirely —

(*Dr. Smith Whitaker.*) The total amount is 1s. 3d. and possibly 1s. 4d. per insured person, and the only question is how much of that is going to the dispensaries, how much to the sanatoria, how much is going to domiciliary treatment.

(*Dr. Niven.*) Quite, that is what I say, domiciliary treatment.

(*Dr. Smith Whitaker.*) But you cannot tell. What you can say is, that in respect of dispensaries the calculation is so and so. In regard to sanatoria, it might flow so and so. After having stated these points, reviewing the whole thing broadly, this is what we think might be expected.

(*Dr. Niven.*) Allocating the total sums roughly, then I think what you suggest is the best course, not without allocating the total sums.

(*Dr. Smith Whitaker.*) A reasonable forecast, with possibilities.

(*Chairman.*) They have it all in the report; we have told the local authorities, the people who are to provide the institutions, that the insured persons are coming with the money. I am not at all convinced that it is within our province to advise as to the income; I am very very doubtful about that.

(*Dr. Smith Whitaker.*) Generally speaking, an insured person might go to a sanatorium and would pay the ordinary maintenance charge, if it cost 25s. a week to maintain people in a sanatoria, the normal thing would be that the insured person would receive 25s. a week to pay.

(*Chairman.*) The local authorities know that when an insured person is coming along he would have to be paid for out of the rates.

(*Mr. Willis.*) The Committee might express the view they think in a normal case the cost of maintenance of an insured person in a sanatorium should be paid for by the Insurance Committee, whatever it is.

(*Chairman.*) That is only just one very small detail.

(*Dr. Smith Whitaker.*) I think you want to show the mechanics of the thing, how the finance is going to work, what is the Committee's idea of the financial working of these institutions, not the sums they are to receive, and pay out. What is your conception of the general financial working in relation to all the people concerned. You have described how they are

to be built up, and that kind of thing, now you want to describe what I may call the mechanics of their balance sheet.

(*Dr. Mearns Fraser.*) Until you know what proportion are going into one sanatorium, and what proportion are going to have domiciliary treatment, you cannot decide that.

(*Mr. Willis.*) You cannot tell what money you have got, of course.

(*Dr. Leslie Mackenzie.*) But Dr. Smith Whitaker wants to say by what channels this income will come. Is the Insurance Committee to pay a slump sum by individual payment, or by combination of both, and are general medical practitioners to be considered as part of the scheme?

(*Chairman.*) Does not that come in the administration section.

(*Dr. Smith Whitaker.*) It would come very well to follow that. I do think you want more than you have got here of explanation to people who come with somewhat fresh or puzzled minds as to how the thing is to work.

(*Chairman.*) Do you mean in its administration section, or at the end of the Report?

(*Dr. Smith Whitaker.*) At the end of the Report.

(*Dr. Addison.*) I understood we were to prepare such a statement, but we are now considering our recommendations. We do not want to put all that preliminary into our recommendations. It is bound to occupy a prominent place in our Report, but I do not think our recommendations should contain all that.

(*Mr. Willis.*) Should not our recommendation be in regard to persons treated in sanatoria, I mean should be practically the maintenance charge as regards the dispensary. The ordinary annual grant to be agreed between the Insurance Committee and the people providing and as regards domiciliary treatment, adequate payment should be made to the general practitioner who undertakes this in consultation with the tuberculosis officer.

(*Dr. Addison.*) That would—

(*Mr. Willis.*) That does not commit you, and it might be useful.

(*Dr. Addison.*) As long as we get something definite of that kind, I do not mind.

(*Chairman.*) Will you kindly draw up something, Dr. Addison.

(*Dr. Addison.*) But it is not a recommendation.

(*Dr. Smith Whitaker.*) The recommendation on sanatorium benefit should be on a capitation basis, the adequate cost of the institution that as regards dispensaries it should be the semi-annual contribution of the cost of the dispensary, and as regards general practitioners that you should pay them by fees, it being understood that they relate to the tuberculosis officer who is paid by salary.

(*Mr. Willis.*) I am not quite sure whether in the body of the Report we have dealt with that particular question which is raised by Section XVI., 1b, of the National Insurance Act. That allows treatment of tuberculous persons otherwise than in sanatoria, provided that the treatment is in a manner approved by the Local Government Board. Now it is a very difficult section that, and it would be really very useful to the Local Government Board for this Committee to give them some leading in regard to how they think that should be carried out. I believe the general view is that the general practitioner might undertake this treatment provided he acted in co-operation or in consultation with the tuberculosis officer who is the head of the dispensary, and it is suggested that there might be salaries, that they should be so, but I do not think in the body of the Report at present it is sufficiently dealt with; that is my recollection.

(*Dr. Addison.*) We were instructed yesterday to prepare that statement, Mr. Willis.

(*Mr. Willis.*) It is really a very important point, and a point on which the opinion of the medical gentlemen who are here would be of the very greatest service.

(*Dr. Smith Whitaker.*) You would like the statement about the general practitioner to include a definite recommendation of the Committee that in his domiciliary treatment he should be required to act under the advice of the tuberculosis officer.

(*Mr. Willis.*) Well, I should think so.

(*Dr. Niven.*) In consultation with him.

(*Dr. Philip.*) Do you think the general practitioner would be satisfied with that. I should prefer it very much, but I have the gravest doubts as to whether the general practitioner in his present state of mind will be satisfied with that, and whether we are to insist upon that is a delicate question.

(*Dr. Addison.*) The British Medical Association have even got as far as to suggest that.

(*Dr. Smith Whitaker.*) We do not mind in consultation with the tuberculosis officer.

(*Dr. Philip.*) He does not mind, but for a large part I presume he intends to look after that individual by himself while having an occasional consultation with the expert, and he will want to be paid for these visits which he makes in the interval between the consultations.

(*Dr. Addison.*) I should like a recommendation to come in *re* medical education. I think it is very important; for we now have recommendations dealing with the institutions and their capital, provision, and their maintenance, domiciliary attendance and children. I think it would be very incomplete unless we had a recommendation on the question of medical education. I would suggest that we regard it as of the greatest importance for the future of medical education that the institutions provided under this Act should as far as possible be available for increasing the opportunities for the study of tuberculosis by those entering or already entered into the ranks of the medical profession.

(*Dr. Mearns Fraser.*) That is already embodied in the Report.

(*Dr. Addison.*) I should like it as a specific recommendation.

(*Dr. Philip.*) And even further down you think that some indication to this effect should be sent to the universities and medical schools, because unless we do that I am afraid we shall not make it effective.

(*Dr. Addison.*) Yes, certainly.

(*Chairman.*) You were going to draw that up.

(*Dr. Addison.*) Oh, yes.

(*Dr. Niven.*) May I submit, Mr. Chairman, this resolution once more, in an altered shape: "It should be a necessary condition of the provision and continuance of sanatorium benefit, that the person enjoying it shall carry out, as far as rests in his power, the hygienic measures prescribed by the Public Health Authority, and it should be part of the arrangement between the Public Health Authority and the Insurance Committee, and that the medical officer of health shall, from time to time, furnish certificates that these requirements are being fulfilled."

There are two reasons for this; first, that it will obtain the maximum of benefit from what is being done in tuberculous households, and in the second place it will give back a little of the footing in the household that the medical officer of health at present enjoys through having the right to send patients into the sanatorium. That is his great weapon in getting sanitary measures carried out. That he is going to be deprived of. But in addition to that, it will give him great additional power in getting sanitary requirements carried out, and I submit that it is entirely in the interests of the insurance scheme that this should be accepted.

(*Dr. Smith Whitaker.*) Well, sir, I brought forward some suggestion of this kind yesterday, I am afraid rather ungrudgingly, and I found myself "snowed under" by the unanimous protestations of the members of the Committee, and as regards this, on further reflection I do see very considerable difficulty. I may say this suggestion was made also by Dr. Newsholme on the Insurance Commission, that the Insurance Committees should use their power of recommending or withholding a recommendation of sanatorium benefit as a means of securing that hygienic measures should be properly carried out. But the great difficulty that has been pointed out to me is, can you in practice say that if a man is admitted to be suffering from tuberculosis he shall not have the treatment, which is not only to his interest, but the interest of the community, that he should have, because he will not, for obstinacy, or any other reason, carry out what is also

to the interest of the community, should be done. It is a little difficult. I only want to put the difficulties before the Committee before they commit themselves to any recommendation on this. If we make the recommendation it will be duly considered, but that is the difficulty that one foresees of the right to withhold treatment that the patient is supposed to require, because he will not do something else that you think he ought to do.

(*Dr. Niven.*) I submit further that, as regards the welfare of the community, it is much more important that he should be made to carry out these requirements than any detriment the community would suffer through enforcing this rule.

(*Chairman.*) Might I suggest that this is a very important question, and one which will require very careful consideration by the Committee, that it is not essential for the interim report, and that we really have not very much time now to consider it, and whether we should deal with it in the final report. The sanatorium treatment is not going to start in April, May, or June.

(*Dr. Smith Whitaker.*) The 15th July.

(*Chairman.*) Is it the 15th or is it the 25th?

(*Dr. Smith Whitaker.*) There is no alteration.

(*Dr. Niven.*) It being well understood that this matter is somewhat a vital one to the work of the medical officer of health.

(*Chairman.*) Will you bring it up at our next series of meetings for the final report?

(*Dr. Niven.*) I should like to put it in.

(*Chairman.*) Well, now, Mr. Clarke and I will go on trying to draft the Report and trying to incorporate such suggestions as we have made, and then we will get copies circulated among the Committee and I would ask the members of the Committee to consider them carefully. Last time there was rather a hurry and they were not able to give the full and careful consideration which it really required. We should then meet. As to the date of the next meeting, Sir George Newman I know is going away for three weeks. Most of us will be away for at least a fortnight. Dr. Philip, you are going abroad, when do you expect to be back?

(*Dr. Philip.*) I cannot leave Rome before the 20th.

(*Chairman.*) Oh, yes, of course, there is Rome.

(*Dr. Leslie Mackenzie.*) And I am the same.

(*Chairman.*) Well, then, some date subsequent to the 20th.

(*Mr. Stafford.*) I certainly cannot be back before the 1st of May.

(*Dr. Addison.*) I am one of those people who like to be in a frantic hurry, but I must say I think we certainly ought to get this Interim Report out certainly properly considered, not to be unduly rushed, some time in April.

(*Dr. Smith Whitaker.*) I have a suggestion to make, if the Committee would consider it, and that is that it should be left to you, sir, of consideration of the comments you receive in the draft report as settled by you to be circulated to all members of the Committee; they should be asked to send in their comments as soon as possible.

(*Chairman.*) We know there will have to be another meeting. It is simply the question when it should be.

(*Dr. Smith Whitaker.*) I am to suggest that you should have all those comments circulated so far as they raise questions of principle, and that then the Committee should be content to leave it to those who can attend at a meeting to be held in the middle of April to settle the Report. I know the Local Government Board have a desire to get this Report out so that they may issue their circulars. On the other hand, we do not want the Report to go out without consideration, but I think we shall really have to leave it to those who can attend to consider the comments of those who cannot attend and try and adjust things as far as possible.

(*Dr. Leslie Mackenzie.*) As far as I am concerned, Mr. Chairman, I have not yet seen any prints of the Scotch section, but I presume the Committee will not raise much objection to what is submitted. I presume the papers will be sent us and any comments we have to make we can discuss. Dr. Philip and I will be in Rome. Dr. McVail, as far as Scotland is concerned, will be at home. I think there is no difficulty about our agreeing.

(*Chairman.*) Might I suggest before we break up that members of the Committee who have changed their address who are going abroad should let me have their address during the next ten days?

(*Mr. Stafford.*) We have not discussed the Irish part of the Report at all, sir. I assume it has been accepted?

(*Chairman.*) There are one or two slight alterations.

(*Dr. McVail.*) If the meeting were held sufficiently early the men who are going to Rome would not have started.

(*Dr. Addison.*) When do you go?

(*Dr. Leslie Mackenzie.*) I am starting on the 11th.

(*Dr. Smith Whitaker.*) I think you will have to come to what I have said: leave it to those who are here to settle it for those who are not.

(*Dr. Leslie Mackenzie.*) What is exactly fixed about the meeting of the Committee?

(*Chairman.*) I am trying to get the opinion of the Committee. I think it is very doubtful whether we can get the drafts with comments and criticisms much before the 15th. We have to get the whole thing reprinted. It has got to follow you. You have to give it mature consideration and reflection and it has to be posted back to us.

(*Dr. Leslie Mackenzie.*) Will 10 days make such a difference in the Report?

(*Chairman.*) I do not think so.

(*Dr. Smith Whitaker.*) Supposing we meet on Monday the 22nd?

(*Dr. Philip.*) Make it the 23rd, and that will meet me.

(*Chairman.*) We will make it the 23rd.

Adjourned till Tuesday, the 23rd instant, at 10.30 a.m.

(*Private and Confidential.*)

(*Uncorrected Proof.*)

TUBERCULOSIS COMMITTEE.

SEVENTH DAY.

Tuesday, 23rd April 1912.

PRESENT:

MR. WALDORF ASTOR, M.P. (*Chairman*),
presiding.

MR. CHRISTOPHER ADDISON, M.P., M.D.

MR. N. D. BARDSWELL, M.D.

MR. DAVID DAVIES, M.P.

MR. A. MEARNS FRASER, M.D.

MR. ARTHUR HENDERSON, M.P.

MR. A. LATHAM, M.D.

MR. W. LESLIE MACKENZIE, M.D.

MR. J. C. McVAIL, M.D.

MR. W. J. MAGUIRE, M.D.

MR. ARTHUR NEWSHOLME, C.B., M.D.

MR. JAMES NIVEN, LL.D., M.B.

MR. MARCUS PATERSON, M.B.

MR. R. W. PHILIP, M.D.

MR. H. MEREDITH RICHARDS, M.D.

MR. T. J. STAFFORD, C.B., F.R.C.S.I.

MISS JANE WALKER, M.D.

MR. J. SMITH WHITAKER, M.R.C.S.

MR. F. J. WILLIS.

MR. ORME B. CLARKE (*Secretary*).

(*Chairman.*) You have before you the draft as it has been sent in by the Government Printers. There are one or two small alterations; there are several small alterations, and there are one or two important alterations in that draft as compared with the last Report that was sent out to you. I will try and point out, as we come to them, any that are important and that are not merely verbal alterations.

I think that we ought to attempt to sit on now, until we get the draft finally agreed to and settled. It is of the utmost importance, we all realise, to get it before the public as soon as ever we possibly can. This draft from the Government Printers, which you have before you, is, I think, the fourth draft that has been before the members of this Committee, and considering it is the fourth draft I must say, I confess, I was a little surprised, and a little disappointed, to find amendments coming in now which ought to have been sent in on the first draft. If we are to finish at an early date, it is really impossible to keep on going back on what we have already agreed to, and it seems to me it is going to be very difficult to come to an early termination if we are going to raise fundamental points which have been before the Committee on the three previous drafts which have been before the Committee, and I certainly understood, agreed to at the previous sitting, at the previous meetings. Therefore, I do hope that we shall be able to come to a definite conclusion upon these points at this meeting.

One criticism that was sent in was, that this was too long. Well, Gentlemen, remember that this print which you have before you is inter-leaved, that the document itself is quite small. Here is a copy of it. I think, if you were to make it much shorter, it would really hardly be worth while bringing it out. You can hardly bring out a thing of two pages with blue covers.

I am only expressing what we all feel, that we are very pleased to see Dr. Newsholme back among us restored to health. I regret to say that Sir George Newman is away; I am afraid he will not be back this week to take part and assist us in our proceedings. I have got a letter from him touching upon one or two points that I will put before the Committee presently. We are very glad to see Mr. Arthur Henderson here among us for the first time.

As to the papers before you, there is the draft from the Government Printers, then you have the principal suggested alterations that have been sent in by members of the Committee, which Mr. Clarke and I

have been through very carefully, typed out and put before members of the Committee. In certain cases I thought that the amendments suggested would probably be agreed to by the Committee, and I have put them down among that series which is called "Chairman's amendments" so that the Committee would have before them the suggested alterations, which, I think, very possibly the Committee might agree to. It would be easier, I think, to see exactly what the alterations proposed would look like when in print. I think we might begin, therefore, by going through the chief suggested alterations in the order in which they are pinned together. Well, the first one has been sent in by Dr. Meredith Richards, but he is not here, so that I am afraid we must pass that.

(*Dr. Newsholme.*) We will postpone that.

(*Mr. Willis.*) If it is one we can accept, let us accept it at once. We can accept it, Mr. Chairman; it is merely formal.

(*Chairman.*) I confess I do not think it is one that the Committee would be likely to accept.

(*Dr. Leslie Mackenzie.*) Which amendment are you reading from; is it section 3, "Chairman's amendments"?

(*Chairman.*) Principal suggested amendments.

(*Dr. Philip.*) In my own case, I did not get mine forward in time; now may I come in?

(*Chairman.*) Perfectly. There are several amendments that really did not reach us in time to be put in this. If any members of the Committee consider that they have amendments which ought to be put before the Committee, I hope they will bring them forward. The numberings of these sections among these papers begin with Dr. Meredith Richards's. Section 2 refers to the old draft. Those on the "Chairman's amendments" refer to the new draft. I think, as we go along, it will become quite clear to members of the Committee. Well, the first one is Dr. Meredith Richards's, section 2, omit from "arrangements will shortly have to be made" down to the end of the section.

(*Dr. Newsholme.*) As Dr. Meredith Richards is not here, I think I know his mind on the matter, and I would say that his point of view is, that the Report, as a whole, as an Interim Report, is too long, and his object would be rather to curtail in this Interim Report all unnecessary detail.

(*Chairman.*) If I may say so, I do not think this is an unnecessary detail; it merely states that arrangements will shortly have to be made, as the general introduction, and I do confess that here is the Report, as I showed the Committee just now, I do not think it will bear cutting down very much, you have to have a certain sequence of thought, and that has been in our minds when we drew it up.

(*Dr. McVail.*) Is it correct to say "some months beforehand," Sir, that "preliminary steps should be taken some months beforehand." Now, the Act is to begin on the 15th July, the period between now and then can hardly be described by some months. I think these words should be left out.

(*Chairman.*) You can put, "some time before."

(*Dr. McVail.*) Yes; it would be some months, as matter of fact.

(*Dr. Newsholme.*) Leave out the words "several months"; that would meet the point.

(*Dr. McVail.*) Yes.

(*Mr. Willis.*) There is just one very slight point—on the fifth line in Article 2—"the National Insurance Act, 1911, with its all-important provisions with regard to tuberculosis"; do you like that "all important"?

(*Chairman.*) The reason we put that in was because we are specially dealing with that part of the Act. It is "all important" as far as this Committee is concerned.

(*Mr. Willis.*) Its "important provisions."

(*Chairman.*) We could put in "important."

(*Mr. Willis.*) I think "provisions" alone is better really with its "provisions with regard to tuberculosis, comes into operation."

(*Dr. Newsholme.*) We all agree they are important.

(*Chairman.*) Why not put in "important," instead of "all important"?

(*Mr. Willis.*) Yes.

(Dr. Niven.) Yes.

(Chairman.) Then the next amendment suggested is section 3—Dr. Meredith Richards—condense or omit. I do not quite see how you can omit that again, it would break the sequence. He has not put any alternative before the Committee, and I do not quite see what benefit this would be. I think that the Committee generally would feel that these are necessary paragraphs.

(Dr. Niven.) I have a number of amendments which are not inserted.

(Chairman.) Well, Dr. Niven, what are your amendments?

(Dr. Niven.) Well, I think that No. 1 should be simply the "constitution of the individual"; omit all reference to inherited disposition; it raises very disputable points, and the "constitution of the individual" quite covers it all.

(Dr. Newsholme.) I agree that is important; it is equally comprehensive.

(Dr. Philip.) I was going to make the same suggestion, Sir.

(Chairman.) I did not catch exactly what the amendment is.

(The Secretary.) It is the same as Dr. Leslie Mackenzie's amendment.

(Dr. Leslie Mackenzie.) I suggested to omit "constitution" or "inherited"; simply say, "the disposition of the individual."

(Dr. Niven.) I say, the "constitution of the individual."

(Dr. Leslie Mackenzie.) I should prefer the word "disposition," because it includes "constitution" and it includes what is not constitution.

(Dr. Latham.) The ordinary Englishman does not know what the word "disposition" means—"the disposition of the individual."

(Chairman.) The word makes it clear to the layman; you have to make it clear to the layman.

(Dr. Latham.) We do not think it is right; it connotes a certain theory about tuberculosis which I am not prepared to admit. The "constitution of the individual" or the "disposition of the individual"—I do not care which—conveys all that is necessary.

(Dr. Smith Whitaker.) I support Dr. Latham as regards "disposition"; I do not think the ordinary Englishman would understand; that is, the scientific sense of the term. The ordinary layman would not understand; if you say "constitution," he would understand.

(Dr. Leslie Mackenzie.) I have no objection to "constitution."

(Chairman.) Constitution is inherited, is it not?

(Dr. Smith Whitaker.) It may, or may not.

(Dr. Latham.) I quite agree, the "constitution," I think it conveys the meaning.

(Dr. Niven.) What we really object to are the words "inherited disposition"; that is what we object to.

(Dr. Leslie Mackenzie.) Yes, that is so.

(The Secretary.) Am I to take it that the words are to be the "constitution of the individual"?

(Dr. Newsholme.) Yes.

AGREED.

(Chairman.) Anything else, Dr. Niven?

(Dr. Niven.) Then, the second, I would substitute for "the surroundings in which the individual lives," "environment." "Environment" covers a good deal which is not covered by the phrase "the surroundings in which the individual lives," for instance; besides it is shorter.

(Chairman.) Yes, but unless you object very strongly I am anxious not to alter more than is absolutely essential.

(Dr. McVail.) I think it is better than this, because "environment" would really cover not only (2), but also (3) and (4). "Environment" is a hackneyed word now, we are always asked about environment; I think it should remain.

(Dr. Leslie Mackenzie.) I think the point is covered by (3) and (4).

(Dr. McVail.) If you put in "environment" you would need to rub out (3) and (4) as well.

(Dr. Niven.) That is all that I have to raise.

(*Chairman.*) If you look on the paper where there are "Chairman's amendments" you will see that I have tried to meet some of the suggested alterations. The suggestion is that the first paragraph of section 3, last sentence but one, should read:—"The seeds of the disease have been present, but in many cases the dose of infective material has been too small to produce active disease, or the resisting power of the body into which it has been introduced has been sufficient to protect it from a well defined attack of the disease."

(*Dr. McVail.*) Accepting your amendment, Sir, would you not leave out the last three words that you have read? It is not necessary to have the last three words.

(*Chairman.*) Stop at "attack" you mean?

(*Dr. McVail.*) Yes.

(*Dr. Newsholme.*) Agreed.

(*Chairman.*) Well, then, in the next paragraph the second sentence:—"The question whether the introduction of these bacilli into the human body will result in the production of definite disease depends largely upon the condition and degree of activity of the defensive forces of the body." The suggested alteration is:—"The question whether the introduction of these bacilli into the human body will result in the production of definite disease depends largely upon the amount of infective material invading the vulnerable tissues of the body, and upon the condition and degree of activity of the defensive forces of the body."

(*Dr. Addison.*) I should say "the amount of virulence."

(*Dr. Newsholme.*) Agreed.

(*Chairman.*) "Upon the amount of virulence of the infective material."

AGREED.

(*Chairman.*) Now, Dr. Paterson, you have something on section 3. Dr. Paterson proposes to omit the words "is now generally accepted."

(*Dr. Paterson.*) I think that was the point raised at the last meeting here; it has been suggested by the Royal Commission on Tuberculosis.

(*Chairman.*) These words were put in to meet the Committee; at the last meeting there were some other words, and these were put in to satisfy the Committee.

(*Dr. Paterson.*) I thought it had not been altered.

(*Chairman.*) Then you are satisfied?

(*Dr. Paterson.*) Yes, quite.

(*Chairman.*) Then, Dr. Paterson, do you wish to raise your other point; I think the answer to that query is—"both," is it not?

(*Dr. Paterson.*) Yes.

(*Chairman.*) On the third line, that is to say on page 5, Dr. Newsholme proposes to delete the words "the present Interim Report" and to insert "this inquiry."

(*Mr. Willis.*) I think the reason of that, Mr. Chairman, was rather this, that we felt that if the Committee afterwards wished to go into any point they should still be free to do it, whereas putting it in this way that "a full discussion as to the origin and possible elimination of the seeds of the disease or of the relation of the several factors aforesaid to the general problem of tuberculosis is not within the scope of the present Interim Report," rather binds the Committee subsequently to go into a full discussion. So that we are not gaining anything by these words, and we might be rather committing ourselves further than we want to do.

(*Chairman.*) Well, if you put "in this enquiry" it absolutely takes it off our hands altogether.

(*Mr. Willis.*) That would.

(*Dr. Newsholme.*) "Is not here given."

(*Mr. Willis.*) I would rather say "is not within the scope of this Report"; that leaves it perfectly open.

(*Dr. Newsholme.*) Yes, that is better.

(*Dr. Smith Whitaker.*) Would you leave the paragraph out altogether; it does not add to the information; it leaves that thing entirely open; if you leave it out altogether you are not to say anything; you need not say anything about it.

(*Dr. Newsholme.*) That is much the better proposal, I think.

(*Mr. Willis.*) I should omit the paragraph.

(*Chairman.*) I think we might say, "the scope of this Report" and finish up that they hope to deal with it more fully when a Final Report is submitted.

(*Dr. Newsholme.*) That again passes by, Mr. Chairman, we may wish to do so and we may not wish to do so.

(*Chairman.*) I think that we must touch upon it; I do not think that we can ignore it altogether.

(*Dr. Newsholme.*) No, but you practically promise a full discussion at a later stage, which you may not wish to undertake.

(*Dr. Latham.*) You say "more fully" on the last line.

(*Dr. Addison.*) Leave out the word "full" and say "a discussion."

(*Chairman.*) Yes, that is it, at the beginning of the paragraph "A discussion."

(*Dr. Leslie Mackenzie.*) Is the implication here, Mr. Chairman, that we do contemplate going into the whole question of "the origin and possible elimination of the seeds of the disease or of the relation of the several factors," the pathology and every other question investigated by the Royal Commission and other questions. That is what is involved in the words, certainly.

(*Chairman.*) No, we should deal with that more fully than we have here. We cannot ignore that altogether. We can say we accept the findings of the Royal Commission or anything like that. That is a matter for further discussion by the Committee, or that we do not consider it necessary to go into that because the Royal Commission have gone into it, do you see, but I think we must make some passing reference to it, to show that it has not been altogether absent from our minds.

(*Dr. Leslie Mackenzie.*) Quite so, oh quite.

(*Chairman.*) Well, it is suggested to omit the word "full" on the first line and instead of putting "the present Interim Report" to put "This Report," and that instead of "propose," "hope."

(*Dr. Niven.*) But why not leave the last part of it altogether out, "and that they propose to deal with them more fully when a Final Report is submitted"? It is not necessary for this purpose and it would be much better out.

(*Chairman.*) Because otherwise we would be criticised by people who would say, "Oh, they have shirked one very important point."

(*Dr. Addison.*) "They propose to deal with them as may be required, in their Final Report."

(*Dr. Niven.*) You are binding yourself to a tremendous undertaking.

(*Dr. Newsholme.*) Dr. Addison's suggestion distinctly meets that last sentence, if it must remain in.

(*Chairman.*) What is it?

(*Dr. Addison.*) "To deal with them as may be required."

(*The Secretary.*) In their Final Report.

(*Dr. Addison.*) In their Final Report.

(*Chairman.*) Mr. Clarke will now read the sentence as it stands.

(*The Secretary.*) The sentence now runs: "A discussion as to the origin and possible elimination of the seeds of the disease or of the relation of the several factors aforesaid to the general problem of tuberculosis is not within the scope of this Report. The Committee, however, desire it to be understood that these matters are in their minds in preparing the scheme, which is hereinafter described, and that they hope to deal with them, as may be required, in their Final Report."

(*Mr. Willis.*) I think, Mr. Chairman, you suggested "and that they hope to make some observations in regard to them."

(*Dr. Addison.*) "Which may be required" covers that.

(*Mr. Willis.*) Yes, I see.

(*Chairman.*) Well, now, section 4; Dr. Leslie Mackenzie has something in paragraph 3.

(*Dr. Leslie Mackenzie.*) Sub-section 3, "That, within practicable limits;" I suggest to omit those words; they may be taken for granted, I think.

(*Chairman.*) That was put in to meet the point of Mr. Willis at a previous Committee meeting.

(*Mr. Willis.*) Might I just say that later on in the Report it is said, that people would have their best chance, and cases would have their best chance, if they went to a sanatorium. The Committee are going to say that is not within practicable limits, if you start at the beginning by saying the best methods of treatment should be available for all those suffering from the disease, and later on you say, "the best chance is by putting them all into sanatoria"; it seems to me you would recommend a scheme which involves keeping 80 per cent. of them out of a sanatorium, and it was for that reason we limited that by "within practicable limits."

(*Dr. Leslie Mackenzie.*) If we adjust what comes later on to this I should have no objection, but there is just that inconsistency that we are in, one proposition later on saying "that no cases should be rejected; that all cases should have the best available form of treatment," and here we are saying, "within practicable limits the best methods of treatment should be available."

(*Chairman.*) It must, as a matter of fact, be "within practicable limits."

(*Dr. Leslie Mackenzie.*) Clearly.

(*Chairman.*) Therefore, I take it you do not object to the words.

(*Dr. Leslie Mackenzie.*) It is simply unnecessary; you cannot do it otherwise; at any rate, when we come to the next proposition it is inconsistent. All right, I withdraw that point; I do not insist upon it.

(*Chairman.*) Thank you. The next section 4, Dr. Newsholme proposes to delete the words "The Committee desires to emphasise the fact that."

(*Mr. Willis.*) It is merely, that it seem to me better simply to begin with, "Any scheme which is to form the basis of an attempt to deal with the problem of tuberculosis and provide ——" I mean everything is what the Committee are saying, and there are just a few words that do not seem to me to add anything, and, therefore, it was an advantage to leave them out. Begin at "Any scheme" simply —

(*Dr. Niven.*) It is not necessary, and I quite agree.

(*Chairman.*) The sentence would then begin: "Any scheme which is to form the basis of an attempt to deal with the problem of tuberculosis should provide," &c.; omitting the first words.

AGREED.

(*Chairman.*) The next one is by Mr. Willis again.

(*Mr. Willis.*) I merely wanted to put in the first condition, "that the scheme should be available for the whole community." It seems to me that was a cardinal principle that the Committee had accepted, and as we are setting out here the four or five cardinal points I think that one should be stated.

(*Chairman.*) That is done already further on in the Report.

(*Mr. Willis.*) Quite, more or less all these things are really.

(*Dr. Addison.*) I think it is very important to have that in. I am very glad we had that mentioned last time, although we had not embodied it in the Resolutions.

(*Chairman.*) Where would that come in?

(*Mr. Willis.*) In one, a new one.

(*Chairman.*) I see. It is proposed that there should be a new sub-section; that the first sub-section should be —

(*Mr. Willis.*) "That the scheme should be available for the whole community."

(*Chairman.*) "Should provide that."

(*Mr. Willis.*) You have got "should provide (1) any scheme that should form a basis, that the scheme —"

(*Chairman.*) Then it should be available.

(*Mr. Willis.*) "It should be available for the whole community."

(*Chairman.*) Yes, section 5. Dr. Addison, you will find on the "Chairman's amendments" that I should propose the sentence to read as follows:—"In view of the particular circumstances which necessitate the submission of this Interim Report, the Committee trust that it will be recognised that the present recommendations must deal with certain aspects of

"prevention, and with detection and treatment rather than with research." That meets your point?

(*Dr. Addison.*) That meets my point.

(*Chairman.*) Section 6. Well, there, if Dr. Addison will turn to the "Chairman's amendments," the last sentence would read as now proposed: "The Committee recognise that a reasonable measure of latitude and elasticity is necessary in order to suit the varying local conditions in each of the four countries, especially having regard to the existing agencies available for assisting and dealing with tuberculosis." That is to take the place of the last sentence. Is that agreed?

(*Dr. Niven.*) Well, I do not quite know what "the system of dealing with" means, "for assisting and dealing with tuberculosis." "For dealing with Tuberculosis" would be sufficient, would it not, without "assisting and."

(*Mr. Willis.*) I think, certainly.

(*Chairman.*) "Available for dealing with," all right, knock out "assisting and." Then, Mr. Willis, you waive the next one.

(*Mr. Willis.*) I personally do not think it necessary to set out the powers of the English Local Authorities more fully than is done really in this draft. There was one thing I should like —

(*Dr. Addison.*) I think this would be the appropriate place to raise it. It is suggested by the amendment moved by Mr. Willis that we had before us last time; a paragraph in respect of the relations of the Central Authorities; it was labelled 9, I think, and we did not pursue it, because we understood that it was to meet with general agreement; it did not receive general agreement amongst the powers concerned, but whether that is so or not, I am strongly of opinion that this Committee ought to express some opinion on the point. We shall all very much regret if these various bodies cannot agree upon a form of words to be incorporated in this Report. I do not want to press it this morning, because this afternoon will be perfectly time enough, but I certainly think we ought to express our opinion here; at least I should like to express mine, that it would be exceedingly valuable if some uniform method of co-operation and organisation and advice upon schemes were adopted between the Insurance Commission and the Local Government Board and the Treasury so as to avoid over-lapping and friction, and so on. I know Mr. Willis will say, quite rightly and properly, that these Departments do consult one another; it is not necessary, therefore, to put anything of the kind in. That is a very orthodox and proper reply to make, but, at the same time, the fact that we got so near, I understand, an agreement on the thing before us last time shows that even in such Departments as these it may be necessary for some machinery to be set up, as was the case between the Board of Education and the Board of Agriculture, with respect to certain interests which were in common, so I think it might be very desirable here. Anyhow, whether it is or not, I certainly think this Committee should say it is desirable. I think myself it is a very first necessity if we are to avoid friction and unnecessary delay in the drafting of these schemes and the administration.

(*Mr. Willis.*) What do you think is desirable?

(*Dr. Addison.*) I think the one we had before us was a very excellent memorandum.

(*Mr. Willis.*) What do you think desirable? That the Government Offices should do something that they do not now do?

(*Dr. Addison.*) I do not say that the Government Offices do not do it now, or that they will not do it in the future, but we do know a great deal of delay and friction does take place between Government Offices, and it is very necessary, I think, for us to say that, as far as possible, every means should be taken to diminish that friction and delay, and this memorandum which we had before us last time sets out, so far as I was concerned anyhow, our general views on the subject very clearly. I thought it was a very excellent paragraph.

(*Mr. Stafford.*) Might we have a form of words?

(*Dr. Addison.*) We have this before us; I will suggest a form of words this afternoon.

(*Mr. Willis.*) The form of words you suggested before, if I remember rightly, was this: "That the

" Committee understand that the heads of these Departments have met together and have agreed to form a sort of Permanent Joint Committee to deal with matters that they are jointly interested in." Well, they have arrived at no new agreement on the matter at all, and, as I said before, whenever one Government Department has business to do with another Government Department it consults that Government Department, and it would cause delay to adopt your suggestion of saying that there must be a Permanent Joint Committee; I mean one member representing, say, the Board of Education might be in Germany at the time; you might put off the meeting for a month.

(*Dr. Addison.*) The Committee can meet, although one man may be away.

(*Mr. Willis.*) Whereas now, if one wants to go to the Board of Education one just walks along the corridors and sees the person and discusses the matter; or he may be told, " Well, Mr. So-and-so is dealing with this; he is away and would be very much obliged to you if you would wait." One waits. As you understand, the thing goes on without that friction which you seem to imagine should be removed.

(*Dr. Addison.*) I do not wish to argue in a circle, but the mere fact that the Departments concerned could not agree upon the form of words in that paragraph shows, in my opinion, the necessity of our saying something about it.

(*Mr. Stafford.*) May we have the form of words in the paragraph read, because I do not remember them?

(*Dr. McVail.*) Should we not continue that until we have the actual suggested amendment?

(*Dr. Addison.*) I will suggest, if you like, a paragraph coming in here this afternoon.

(*Dr. Smith Whitaker.*) I suggest that we leave the matter till this afternoon and Dr. Addison can frame a form of words suitable to present conditions. These words were suitable and devised to a condition of things which unfortunately did not come off.

(*Dr. Addison.*) The fact that it did not come off was very important.

(*Mr. Willis.*) Dr. Smith Whitaker says, " unfortunately did not come off." That begs the question. I should say, " fortunately did not come off."

(*Chairman.*) Then, that is deferred till this afternoon. The next proposal is by Dr. Newsholme, on section 7, after " Poor Law Authorities"; to insert the " Metropolitan Asylums Board"; I think the Committee will agree to that.

AGREED.

(*Chairman.*) They also suggest that after " Sanatoria Authorities," insert the words " and Joint Hospital Boards," so that it would read, " The County Council, " Sanatoria Authorities and Joint Hospital Boards, " Local Education Authorities, Poor Law Authorities, " Metropolitan Asylums Board." Now, is it necessary that that should go in?

(*Dr. Newsholme.*) For completeness it is necessary.

(*Mr. Willis.*) I should like to suggest that there are, I suppose, nearly 100 of these Joint Hospital Boards in England and they perhaps have a great deal more Hospitals than Single Hospital Authorities. There are combinations of Sanatoria Authorities for the purpose of providing Hospitals. It is a mere drafting thing, just to show the Committee we are aware of the existence of these people, that is all.

(*Dr. Paterson.*) Are any County Councils actually dealing with tuberculosis at the present time?

(*Mr. Willis.*) County Councils?

(*Dr. Paterson.*) County Councils; it says here " County Councils."

(*Mr. Willis.*) Yes, to some extent they are.

(*Dr. Paterson.*) They are.

(*Mr. Willis.*) I do not mean in providing sanatoria, but they are dealing in many ways.

(*Dr. Niven.*) They have got laboratories. In other places they have got dispensaries.

(*Dr. Paterson.*) County Councils?

(*Dr. Niven.*) I think they have dispensaries attached to County Councils, but I was not speaking of County Councils then; other bodies deal with tuberculosis.

(*Chairman.*) Well, on section 8 Dr. Meredith Richards proposes to transfer sections 8, 9, 10, 11, 12

and 13 to the Appendix. The reason we put it in there was, that you will see the contents, you have a paper which is marked "The Contents," where we give "Introduction, reasons for an Interim Report, powers of existing Local Authorities in England and Wales, the National Insurance Act, General Principles of Treatment, Basis of the Scheme recommended for the United Kingdom." We thought it came in rather well there in its proper place, in its proper section.

(*Dr. Meredith Richards.*) I feel the Report is 90 per cent. too long; if it is to have any effect on Local Authorities it ought to be reduced to one-tenth of its present volume.

(*Chairman.*) Well, but one-tenth of its present volume, if I might say so, would be about two pages in a blue cover, which would be hardly worth bringing out.

(*Dr. Meredith Richards.*) I think that is the only thing that will have any effect on Local Authorities, as I know them.

(*Chairman.*) This is only 23 pages altogether.

(*Dr. Meredith Richards.*) Possibly. My point would be met if one could have a summary at the end giving the principal recommendations. I think that would meet my point.

(*Chairman.*) Anybody who does not want to read the powers of existing Local Authorities can skip that, but I think it is connected with the general introduction, Local Authorities. Then, the Insurance Act comes in, certain alterations, then you deal with the scheme.

(*Dr. Meredith Richards.*) I am quite of that opinion. I know no Local Authority will read more than three pages.

(*Dr. Addison.*) Who are the Local Authority?

(*Dr. Meredith Richards.*) The members of the County Councils and Borough Councils.

(*Dr. Addison.*) But they will send it to their Medical Officer of Health and he will read it.

(*Dr. Meredith Richards.*) It would be more effective if we had a summary to put before them, as the Report of this Committee.

(*Dr. Niven.*) That might be drafted.

(*Chairman.*) They can read through the basis of the scheme recommended.

(*Dr. Meredith Richards.*) A short summary at the end would meet my views; that could be put on a sheet of notepaper.

(*Chairman.*) But surely, the summary that you wish comes in on the basis of the scheme recommended?

(*Dr. Meredith Richards.*) Not entirely so, I think.

(*Chairman.*) And then at the end there are some principal recommendations and finance?

(*Dr. Niven.*) That could be discussed afterwards.

(*Chairman.*) I must say I do not think it is out of place here.

(*Dr. Meredith Richards.*) I do not think it is out of place now, but my other amendments deal with various other paragraphs with the view of condensing the whole Report.

(*Chairman.*) I honestly do not think it would improve the Report, section 9. Dr. Addison, we want to delete words "the provision of sputum flasks and handkerchiefs."

(*Dr. Addison.*) It is rather descending to trivial detail.

(*Chairman.*) What is the feeling of the Committee on that. Section 9, where does it come in?

(*Mr. Willis.*) About the fifth or sixth line from the bottom of section 9.

(*Dr. Latham.*) What is your objection, Dr. Addison?

(*Dr. Addison.*) I do not object to providing these things, but you are descending to rather trivial details if we get down to handkerchiefs.

(*Mr. Willis.*) You might say the whole thing is made up of details; a lot of them do it.

(*Dr. Addison.*) All right, I do not press it.

(*Dr. Newsholme.*) The real point is that it would be better if these were set out giving the clause and the powers which the Sanitary Authorities are to have in these respects under the Acts and under the Tuberculosis Resolutions. A summarised statement like that is possible, the items standing in it being of very disproportionate value.

(*Dr. Niven.*) Oh, quite. I think that Dr. Addison's remark is perhaps quite applicable, but it is equally applicable, for instance, to the duties assigned to dispensaries, and it applies to the whole of the Report.

(*Chairman.*) Dr. Addison has waived this, so it stands.

(*Dr. Paterson.*) Are you to keep in "handkerchiefs," Sir?

(*Dr. Mearns Fraser.*) We should knock it out.

(*Dr. Paterson.*) It should be out. It is too trivial, the items under that sentence are of tremendously different value if we put that in; it should go out.

(*Chairman.*) Yes; those in favour of keeping it in?

(*Dr. Paterson.*) I am in favour of part of it, "sputum flasks."

(*Chairman.*) Those in favour of putting it in?

(*Dr. Newsholme.*) May I put an alternative proposal, "the provision of necessary appliances."

(*Dr. Addison.*) That is better.

(*Dr. McVail.*) Yes.

(*Chairman.*) Does that meet with the view of the Committee?

AGREED.

(*Mr. Willis.*) I think you must say "other necessary appliances," because you have already mentioned "other appliances" before, "dispensaries and shelters," "shelters," that is "an appliance."

(*Dr. Newsholme.*) "Other necessary appliances"?

(*Dr. Smith Whitaker.*) You cannot put that immediately after the making of by-laws.

(*Dr. Addison.*) "The provision of necessary appliances."

(*Dr. Smith Whitaker.*) I think "the provision of necessary appliances" does very well.

(*Chairman.*) Then, there is among the "Chairman's amendments," half-way down, a sentence beginning, "These include the provision of Hospital or Sanatorium accommodation and of Dispensaries and Shelters by the Authorities themselves, or more generally by a subscription to a Sanatorium or to a Dispensary erected by a Voluntary Society; inspection of houses occupied by patients," &c., &c. It keeps the whole sentence, only alters the phraseology slightly.

(*Mr. Willis.*) "Or more generally helpful," Mr. Chairman?

(*Chairman.*) "Or more generally helpful"?

(*Mr. Willis.*) Are they, yes, I see.

(*Chairman.*) It is a small drafting point, but I think it makes it run rather better. Dr. Newsholme and Mr. Willis have a point to raise on section 9, deleting the words, "somewhat similar to the steps which they have for some time taken against small-pox and enteric fever, &c., these include," and substitute, Dr. Newsholme, would you explain why?

(*Dr. Newsholme.*) This is an enumeration of the powers and duties of sanitary authorities, and I think it would read better to say: "these authorities exercise in their several jurisdictions the powers of the Public Health Acts and all Regulations made under them as to infectious diseases," and so on, and "since pulmonary tuberculosis has been recognised as an infectious disease a number of authorities have taken additional steps to combat it from this point of view; additional to what authorities have taken," then cut out, "somewhat similar to those which they have for some time taken against small-pox," and so on. Then, you want to put in there further details as to these additional powers. "Pulmonary tuberculosis has been made a compulsory notifiable disease for the whole of England and Wales, and under the Regulations issued by the Local Government Board definite powers and duties are imposed upon Sanitary Authorities and their officers for the administrative control of tuberculosis and the control of infectious diseases." Now, the two articles referred to, which you can put in there, are as follows:—

"Article VIII.—Upon the receipt of a notification under these Regulations or under the Poor Law Regulations or under the Hospital Regulations, the Medical Officer of Health, or an officer acting under the instructions of the Medical Officer of Health, shall make such inquiries and take such steps as

" may appear to him to be necessary or desirable for
 " preventing the spread of infection and for removing
 " conditions favourable to infection.

" Special Powers of Councils.

" Article IX.—(1) For the purposes of these
 " Regulations and of the Poor Law Regulations and
 " of the Hospital Regulations a Council, on the advice
 " of their Medical Officer of Health, may supply all
 " such medical or other assistance, and all such
 " facilities and articles as may reasonably be required
 " for the detection of Pulmonary Tuberculosis, and
 " for preventing the spread of infection, and for
 " removing conditions favourable to infection, and for
 " that purpose may appoint such officers, do such acts,
 " and make such arrangements, as may be necessary.

" (2) A Council, on the advice of the Medical
 " Officer of Health, may provide and publish or
 " distribute in the form of placards, handbills, or
 " leaflets, suitable summaries of information and
 " instruction respecting Pulmonary Tuberculosis, and
 " the precautions to be taken against the spread of
 " infection from that disease."

Then I go on, after quoting those two Articles, " It
 " will be observed that, by these Regulations, Sanitary
 " Authorities have had conferred upon them the power
 " of treating cases of pulmonary tuberculosis in their
 " homes in addition to their existing powers of treating
 " this disease in dispensaries and other institutions so
 " under their powers much work has already been
 " done by sanitary authorities in." Then you go on
 in the printed text: " the provision of hospitals and
 " so on." That makes the statement more complete;
 as it was before it was only half the story.

(*Mr. Willis.*) I think it is of importance that——

(*Dr. Newsholme.*) It is a mere setting out of the
 facts; there are no opinions in it at all.

(*Chairman.*) Of course, it makes it much longer.

(*Dr. Newsholme.*) I admit that. But, if details are
 to be given at all, accurate and complete details must
 be given.

(*Dr. Leslie Mackenzie.*) I entirely support what Dr.
 Newsholme has said. I felt that this paragraph did
 not give an adequate account of the duties of Sanitary
 Authorities, and as the details of it in that way add
 only about five or six lines, I think we should have
 them.

(*Chairman.*) Is it the opinion of the Committee
 that we should put that in?

(*Dr. Latham.*) One verbal alteration—" Patients
 suffering from pulmonary Tuberculosis" rather than
 " cases "; you cannot have " cases."

(*Chairman.*) " Treatment of patients suffering
 from "——

(*Dr. Niven.*) I should just like, at this stage, to
 point out that the sentences already included under
 section 9, and the part proposed to be inserted, clearly
 recognise Tuberculosis as an infectious disease, and
 that, as opportunity arises, I should like that this
 Committee should be called upon to make a strong
 recommendation that all forms of Tuberculosis should
 be made notifiable.

(*Chairman.*) Is not that more for the Final
 Report?

(*Dr. Niven.*) I think not. I think it is rather
 important at this stage. I think it is important that
 that should be done as soon as possible, that a recom-
 mendation of that kind should be made, so that the
 disease may be frankly dealt with as an infectious
 disease.

(*Chairman.*) I quite realise the importance of it,
 and you remember that that was the very first Reso-
 lution which we all passed. But it seems to me that
 it is rather a thing to go into the Final Report.

(*Dr. Niven.*) In the Recommendations.

(*Chairman.*) In the Final Report rather than in the
 Interim Report. If we recommend it, we have to deal
 with it; we cannot recommend it, not having dealt
 with it in the body of the Report. The recommenda-
 tions are rather a summary, it means spending a
 considerable time.

(*Dr. Niven.*) We do deal with it in many ways,
 because we are dealing with it, for instance, under the
 sections relating to the children in our Recommenda-
 tions in regard to Hospitals, and in many ways we are

dealing with it, so that I should like to raise it as a definite Recommendation.

(*Chairman.*) I honestly think, Dr. Niven, that that is a thing for the Final Report. I quite realise the importance of it; it means pulling the Report about a great deal. We cannot put it in the summary unless we have referred to it in the Report; we would then have to find the necessary place to put it in and might have to have a great many consequential amendments running through the Report. That means making any new Recommendation; it means you have to read the whole Report to see if it fits in and, after all, this is only an Interim Report to be followed by a Final Report.

(*Mr. Willis.*) I think Dr. Niven contemplated that there was enough in the Report to justify you in putting in a precise recommendation in the end in the series of Recommendations.

(*Dr. Niven.*) I do think so.

(*Mr. Willis.*) Simply say, "in the opinion of the Committee."

(*Dr. Latham.*) Did we not discuss this Report; did we not arrange this should come in the Final Report quite definitely?

(*Chairman.*) I think that was my impression; that this should come in the Final Report.

(*Dr. Paterson.*) I raised it and it was referred to the Final Report.

(*Dr. Niven.*) I have no recollection of any such conclusion being arrived at; it was certainly not within my hearing.

(*Dr. Newsholme.*) I think, from the administrative point of view, this Interim Report is more important than any Final Report you can issue, because on the strength of this Interim Report, Sanitary Authorities and all other Authorities will get to work. It is very important, therefore, that this Interim Report should be as accurate and complete a representation of our views as is possible. The point which Dr. Niven has raised is one of very great importance. If this Committee is to guide Local Authorities in the prevention of Tuberculosis, that means the prevention of all forms of tuberculosis. If such intervention is to be successful, they must know of all the cases and not merely of the cases of pulmonary tuberculosis, and consequently it is very desirable that the Committee should come, I think, to a decision as to whether any addition should be notified, whether pulmonary tuberculosis and other forms of tuberculosis should not also be made compulsory and should be a very great help to Local Authorities and to the Local Government Board if the Committee were to give, in their Interim Report, an expression of opinion on that point.

(*Mr. Henderson.*) May I say that this is opening up a very big question. If we are going to have all these cases made notifiable it seems to me that you may be encroaching very seriously upon the economic position of a vast number of workers, and, if this Committee is to take any action at present, we ought very seriously to discuss the matter. It seems to me, so far as I can see, that this paragraph is not the paragraph upon which such a big subject should be discussed. We are merely stating, as I read this paragraph, the powers that the Local Authorities at present possess. If we are to introduce an entirely big subject of giving them new powers, it seems we ought to face it in a much different way than on a paragraph of this character.

(*Dr. McVail.*) I entirely agree with Mr. Henderson, this would be opening the door to a tremendous discussion, a tremendous new development of Public Health. I do not in the least know whether the general public are ready for that. The making of pulmonary consumption notifiable is a huge step in advance, and it would be, in the minds of many of the public, an appalling prospect, if every tuberculous gland, if every little patch of lupus, if every little bit of diseased bone that exists in this country, in the leg of a child or a grown-up person, or the back of the hand or anywhere, if all these details should be made the subject of notification and of interference by the Sanitary Authorities. I do not know that the Committee can conceive how far it would bring every individual in the country under the direct control of the Public Bodies. I doubt whether we have reached

that and, at any rate, that is not what we are dealing with here. It is too vast a subject to be tacked on to a section of this kind.

(*Dr. Niven.*) I very strongly support Mr. Henderson and Dr. McVail; I think it is far too big a question to open up just here. I hope we shall defer it till our Final Report.

(*Chairman.*) I gather, Dr. Niven, you waive that till our Final Report?

(*Dr. Niven.*) I admit this section is not perhaps the most suitable.

(*Chairman.*) Dr. Niven, if I may say so, we are dealing with the Interim Report. I think the general feeling of the Committee is that the Interim Report is not the best place to put it in. That it is too big a thing to come in and, after all, I really do not agree with Dr. Newsholme that the public is only to read the Interim Report and not go by the Final Report. I think it would be a great pity if we started out with the idea that the Final Report is not to have weight with the community in general.

(*Dr. Newsholme.*) My point is, that before the Final Report is issued, the Local Authorities will have got to work, and this is what they will work upon, and it is important, therefore, that this should be as complete as possible. I do not express any definite opinion as to this extension. I have strong views upon it, but I wish to hear what the Committee have to say about it. It may be that this is not the right section to raise it on, which I think Mr. Henderson has raised, but it does not follow it should not be raised on the Interim Report.

(*Dr. Leslie Mackenzie.*) There are two reasons for dealing with tuberculosis generally; first, it is tuberculosis generally in the Insurance Act, which is the primary thing we are dealing with. In the second place, we make certain recommendations both for the provision of institutions and for the giving of care, for open air schools, for hospitals for surgical tuberculosis, and so on. We do say, we do not go into detail in dealing with surgical tuberculosis, but we certainly include the provision of institutions. Now, short of notification, would it not be possible to make a specific summary in the Report among the recommendations that the provisions as to sanatoria and other institutions apply not to pulmonary tuberculosis alone, but to all forms of tuberculosis? Dr. Philip, for example, has emphasised more than once in this Committee the fact that the whole of tuberculosis is a unitary question, that the question of general tuberculosis is intimately bound up, absolutely inseparably bound up, with pulmonary tuberculosis, and we are really putting the whole thing into wrong perspective by saying you are only to deal with pulmonary tuberculosis. We are really dealing with tuberculosis, of which pulmonary tuberculosis is one important department, but short of notification, if we could make it clear that that is distinctly understood right through the Report, it might partially meet —

(*Dr. Niven.*) I do not think you can stop short of notification.

(*Dr. Leslie Mackenzie.*) I do not think so either. I agree with notification.

(*Dr. Niven.*) I think it is absolutely necessary. This is an infectious disease, and the various stages of tuberculosis lead, in many instances, on to pulmonary phthisis, and the right stage to arrest them is before they get to that point.

(*Dr. Leslie Mackenzie.*) In the city of Aberdeen, they actually do notify voluntarily both tuberculosis and pulmonary tuberculosis.

(*Dr. Newsholme.*) So also in Brighton.

(*Dr. Smith Whitaker.*) There is one point which affects me from the insurance standpoint as regards this question of notification of tuberculosis, and that is, we found a difficulty at each of our previous sessions, that whereas notification applied to pulmonary tuberculosis, the Insurance Act applies to all forms of tuberculosis, and it does seem to me very relevant to the considerations dealt with in this Report that, whereas, as I say, the scope of the Insurance Act covers every form of tuberculosis, that notification provision at present only touches pulmonary tuberculosis. It is agreed that is a difficulty and that is an additional reason for dealing with the matter.

(*Dr. Niven.*) I think we might just leave it, but I feel that the subject cannot be left untouched as we go on.

(*Dr. Meredith Richards.*) I would like to raise this point: Would it not be possible to extend notification to all forms of tuberculosis undergoing treatment in dispensaries or hospitals? That would secure that we should get for the insured persons suffering from other than pulmonary forms the wholesome provision of the sanitary authority. I think you see my point. We have gone by steps in the case of compulsory notification; the Local Government Board began by making hospitals and dispensaries notify; let us do the same for all cases so that we shall get the other forms of tuberculosis that are under treatment in the dispensaries; then you could secure that the central body could look after the whole conditions.

(*Dr. Niven.*) As a compromise, but that does not meet my position; at the same time I quite recognise that it is a step towards what must ultimately come.

(*Dr. Philip.*) Do you not think we are getting into a very wide question which it is rather inadvisable to discuss? I have very nice feelings on this matter which one would like to emit at a suitable opportunity, but I feel we are interfering with the flow of natural criticism on this point, if we go to the bottom of this question in the meantime.

(*Chairman.*) That is why it is essential that we should settle now whether we should deal with it in the Interim Report or the Final Report.

(*Mr. Henderson.*) May I just say that, so far as I am concerned, I should like to have the matter discussed. If, as Dr. Smith Whitaker has said, it is important to the administration of the Act, well, let us face it. I do not want to defer a thing till the Final Report if we can usefully do it now. My first point of objection was that I did not think this was a paragraph on which to do it, and it seemed to me a big question that I should like to hear a good deal said on its discussion before I included it in any Report, and if it is to be included I do not think it would be included unless the case is made out for it.

(*Dr. Niven.*) I quite accept that, that we might go on with our present consideration of the Report and revert to it at a more suitable time.

(*Dr. Paterson.*) I think it is a very big question, the discharges of a surgical wound in the home are just as bad as sputum. The whole thing is a very big question, and I am very much in favour of having it, no doubt, but I do not know that this is the place to discuss it now.

(*Dr. Niven.*) Defer it for the moment and it will be raised again.

(*Chairman.*) It may crop up right through; I think we are to settle whether we are to take it.

(*Dr. Addison.*) Let us settle whether we are to deal with it in our Interim Report or in our Final Report. That is the first point. I am strongly of opinion that it would be better to defer it till our Final Report, not that I do not thoroughly agree with what has been said, still it is a very big question. We have not threshed it out at all, and, of course, necessarily under the Insurance Act, so far as it is extended to tuberculosis, the Insurance Committee, at all events, will be acquainted with the character of the disease whatever form of Tuberculosis it may be, because, of course, all cases will be reported upon as to the nature of the disease. But it opens up very big questions and we shall deal with many of the things. I hope we shall deal with the question of milk, for instance, and some by-laws or what-not, which are very desirable, it seems to me, in connection with milk, and various other cognate questions will necessarily crop up in our Final Report, and it seems to me that that is the place in which to suggest new Regulations or By-laws or legislation on certain lines. We shall deal with the whole subject in our Final Report in connection with such matters.

(*Dr. Leslie Mackenzie.*) A very practical point will be, Mr. Chairman, how our 1,500,000*l.* are to be disposed of. A large part of it, we suggest, should go for surgical Tuberculosis. The relevance of notification is that the administering authorities come by that way to know what it is they have to deal with.

(*Dr. Addison.*) Our Final Report will probably be out in July.

(*Mr. Stafford.*) I entirely agree with Dr. Addison; I think we ought to postpone this thing; it is a very big question. I just mention here one fact in connection with it. In 1908, when we in Ireland went in for a compulsory Notification Act, all forms of Tuberculosis were suggested. Parliament would not listen to it for one moment; therefore, unless public opinion is changed—Parliamentary opinion has very much changed since 1908—you would not have the slightest chance of doing this. You can do it by legislation. You may say you can do it by Regulations; I do not believe the Regulations would stand for 10 minutes if you had such interference with the people.

(*Dr. Newsholme.*) In Ireland?

(*Mr. Stafford.*) Certainly not in Ireland. I do not want to speak for England. Of course, you are very much more advanced in every possible way.

(*Dr. Niven.*) I think, if you would allow the matter to stand over for the present—

(*Mr. Stafford.*) I think it is a very big thing; I think we ought not to face it at the present moment; and it requires a great deal of discussion.

(*Chairman.*) I think that, as far as public opinion goes, the working of the Insurance Act will tend to prepare public opinion. Therefore, if you wait for the Final Report, you will have public opinion more ready to meet such a suggestion than to oppose it. But I think we must settle now whether we are to deal with it in the Interim or the Final Report, and I think the only way to do that is to put it to the vote of the Committee.

(*Dr. Newsholme.*) Before the question is voted on, I should like to say it is not a question whether public opinion is in advance of this. It is whether this Committee, consisting mainly of experts, thinks it advisable, in the interests of a complete scheme for the prevention of Tuberculosis, and, if we do think it, we should embody it in our Report, even though we know that the Recommendation would not be at once carried into effect. I am quite certain the Local Government Board and many of the progressive local authorities would welcome a recommendation on this point, and I am equally certain that it is impossible to talk of preventive measures against Tuberculosis—milk Tuberculosis, as well as human origin Tuberculosis—which are required, if we do not know all the cases of Tuberculosis of all forms and all the other recommendations. Dr. Niven has spoken about children's Tuberculosis, surgical Tuberculosis, really may be a knowledge of cases other than pulmonary. Dr. Meredith Richards made, what I think, was a very happy suggestion of proceeding by steps. He suggested that we might make the Recommendation that other forms of Tuberculosis occurring in insured persons should be notified. There is an additional step that might be taken at the same time that this Committee should recommend.

(*Chairman.*) It is so, if I may say so.

(*Dr. Newsholme.*) No, excuse me—

(*Chairman.*) Insured persons if they are to get Sanatorium benefit.

(*Dr. Newsholme.*) Excuse me, it is not so; it is not notified to the local authority which has to take the preventive measures against Tuberculosis. That is the Sanitary Authority. There is a still further step which is practicable. The School Medical Officer is an officer of the Local Authority, and there will be no difficulty at all in arranging for the School Medical Officer to notify other cases of Tuberculosis than pulmonary to the Medical Officer of Health. That would be two steps at once, and it seems to me there will be no difficulty in this Committee making that Recommendation, even though they knew it would not be immediately carried into practical effect. I still hold very strongly to my opinion that the Interim Report is infinitely more important than the Final Report, and it is very desirable indeed that we are to keep out this to begin with, if we are going to keep it out.

(*Dr. Niven.*) May I point out, Mr. Chairman, that Dr. Philip has laid very great stress—in fact it is the one point on which dispensaries are clearly before us.

(*Chairman.*) I think we are all agreed as to the importance—it is merely whether this should go into

the Final Report or this Report. I think the best thing to do is to put it to the vote of this Committee. Those who are in favour of it going into the Interim Report, please vote.

On a show of hands:

The Chairman counted:—				
For the motion	-	-	-	6
Against	-	-	-	11
				<hr/>
Majority against	-	-	-	5

(*Chairman.*) It is carried, that it shall go into the Final Report. The next point that Dr. Newsholme wishes to raise is the point as to whether the word "pre-tuberculosis" should be used in section 10.

(*Dr. Newsholme.*) Pre-tuberculosis appears to me to assume a theory, and I should like to avoid it, if possible.

(*Dr. Philip.*) That is entirely my mind.

(*Chairman.*) What is the feeling of the Committee, whether the word "pre-tuberculosis" should be used or not? I may say that, although it comes in section 10, I know it comes in other parts of the Report; it may be difficult to state them all.

(*Dr. Newsholme.*) There will be many eyes on the Report.

(*Dr. Latham.*) What is your objection to the word "pre-tuberculosis"?

(*Dr. Newsholme.*) Because it includes every man, woman, and child in the British population.

(*Dr. Latham.*) The meaning it conveys to me, or to the ordinary man, is something definite where you have suspicion of Tubercle, where a man, if he is left in that condition, will get Tubercle.

(*Dr. Newsholme.*) Suspicious of Tubercle means he has it already in a form, that is to say pre-tuberculosis. It means Tuberculosis in a latent condition; that is my theory, and I think it is well to avoid either my theory or your theory.

(*Dr. Latham.*) I did not associate myself with it.

(*Mr. Stafford.*) Sir George Newman put it into the Report. We discussed the question very fully. He was very doubtful about using the words himself, but he could not find any other word which quite expressed the earlier stages in which Tubercle was not absolutely recognised.

(*Mr. Willis.*) You have got "debilitated children."

(*Mr. Stafford.*) "Debilitated children" really conveys a great deal more than was meant by Sir George Newman.

(*Dr. Newsholme.*) It is a most unfortunate word.

(*Dr. Philip.*) Most unfortunate.

(*Chairman.*) What is the feeling of the Committee; to cut it out?

(*Dr. Leslie Mackenzie.*) Delete.

(*Dr. Paterson.*) Take it out; you have got "debilitated."

(*Chairman.*) May I ask now whether these open-air schools are open for all debilitated children or whether it means debilitated children specially liable to Tuberculosis?

(*Dr. Addison.*) The children who are sent there are picked out as being children whom the Medical Officer thinks would be suitable to go to that school, because we want a very large number more, at least 20,000 places.

(*Chairman.*) Does it mean debilitated children specially liable to Tuberculosis?

(*Dr. Addison.*) Simply children who are below par. They think it will do them good by going to open-air schools.

(*Dr. Newsholme.*) I have no doubt debilitated children would be specially chosen from families where there was consumption, for preference.

(*Dr. Addison.*) No doubt.

(*Chairman.*) The next point is section 11. Dr. Paterson has something.

(*Dr. Paterson.*) It is just the fact that Poor Law Authorities at the present time do not do much to treat Tuberculosis, especially in London. If you get a consumptive into a hospital in London, as soon as he is able to walk they put him out to the door; that is my experience.

(*Dr. Addison.*) That may be so in certain cases, but I certainly hope the Committee will not commit themselves to any such general statement. In many Poor

Law Infirmaries the treatment of advanced cases of disease is admirable, especially in London.

(*Dr. Paterson.*) I have had experience of Brompton; it is not mine. When you get a patient in he comes back because he is able to walk.

(*Dr. Newsholme.*) Visit the Marylebone Infirmary.

(*Dr. Paterson.*) I do not want to visit; they come to Brompton because the Poor Law will not help them. The Medical Officer of Health for Birmingham says they do the same thing there.

(*Chairman.*) I think in this section we merely state what their powers are. I do not think we state whether they utilise them to the fullest extent or not. On section 11, Dr. Newsholme has something.

(*Mr. Willis.*) To suggest that we delete the words, "They are also empowered to receive into their infirmaries, by agreement, cases which are not destitute" —

(*Dr. Newsholme.*) That is not correct.

(*Mr. Willis.*) Delete from "They are also empowered to receive into their infirmaries by agreement cases which are not destitute, and some sanitary authorities have entered into agreements with boards of guardians for the reception of such cases. The cases found in poor law infirmaries are, to a great extent, of the advanced and incurable type, but many incipient and curable cases are also treated."

(*Dr. Addison.*) Is not that correct?

(*Mr. Willis.*) That is not correct.

(*Chairman.*) It was especially put in by Sir George Newman who looked it up; he said he would look into the point.

(*Dr. Newsholme.*) I am sorry, but he did not look it out properly.

(*Mr. Willis.*) That is not the law. I am not for a moment saying there may not be a few isolated cases where guardians do receive patients from a sanitary authority, but the guardians have no power to do it.

(*Chairman.*) You propose to leave out?

(*Mr. Willis.*) "They are also empowered to receive into their infirmaries by agreement cases which are not destitute," onwards.

(*Dr. Newsholme.*) The point is this: sanitary authorities can agree to take Poor Law Guardians' cases, but Poor Law Guardians cannot agree to take Sanitary Authorities' cases or other cases.

(*Dr. Addison.*) Other than destitute.

(*Dr. Newsholme.*) Other than destitute.

(*Mr. Willis.*) Then, not to disturb the printing I think we might put in this fact: "On the 4th November last over 13,000 cases of Tuberculosis were under treatment by Boards of Guardians and nearly 9,000 of these cases were in-patients." It seems to me that these figures are very useful as showing the size of a thing.

(*Chairman.*) We tried to avoid these sort of figures all through the Report. I think it is going to unbalance the whole of the Report if we put them in here. We are merely stating their legal powers.

(*Dr. Paterson.*) It is misleading to state that they were treating 13,000 cases. They were in there because they could not help it, but they were not treating them.

(*Dr. Mearns Fraser.*) Ought we not to put something that they have the power of building special open-air wards in infirmaries? Some of them do have special wards for consumption. They have to get permission from the Local Government Board.

(*Mr. Willis.*) You see, Mr. Chairman, we have abstained from giving figures, but later on, in the paragraph relating to the children, I am under the impression that the actual number of cases which are being treated of defective children is given.

(*Dr. Niven.*) It does seem to me that it will be a good thing to have the figures in, because it gives us an indication of how many beds would be required.

(*Dr. Addison.*) Yes, but the appropriate place would be when we are discussing the beds; it would not be when we are giving the powers of the Authorities.

(*Chairman.*) It is a fact which has come before us as a Committee, not in the Report. Delete the sentence, "They are also empowered to receive into their infirmaries by agreement cases which are not destitute," so that the sentence would read, "A large

" number of cases of tuberculosis are to be found in their infirmaries, and some sanitary authorities," &c.

(*Dr. Smith Whitaker.*) May we understand where we are in this, because from my recollection of the Poor Law Reports, it is clearly made out that there are cases that Sanitary Guardians do receive in the infirmaries, cases that are not destitute. If they did not do it by agreement yet they do it; they receive people who pay for their treatment; they receive at all events.

(*Mr. Willis.*) The Guardians can always recover from people some payment towards their maintenance; they have that power. The definition of destitution as given in the Law Courts is a very wide one; it does not mean that the person is absolutely destitute of any money altogether; it means that he is not able to provide that which he needs. If, for instance, a man with an income of 1,000*l.* a year needed an operation which cost 10,000*l.* he would be destitute as regards that operation.

(*Dr. Smith Whitaker.*) The point is whether this word "destitute" here is assumed to be used in the technical sense, and not in the popular sense. If that is the only point, then, I think, we should, instead of deleting this particular sentence, use some other word than "destitute" so as to avoid the legal point; but it certainly is the fact that, from a popular point of view, boards of guardians do take people into the infirmaries and pay the full cost of such treatment as they receive.

(*Dr. Newsholme.*) Where is that?

(*Dr. Niven.*) Are they empowered to do so?

(*Chairman.*) Would that meet your point: "They are also empowered to receive into their infirmaries" by agreement cases other than poor-law cases"?

(*Mr. Willis.*) If they receive them at all they do receive them because they are technically destitute. As I said just now "technically destitute" does not mean in the popular sense at all; it really means that the person is not able to provide that particular thing for himself which he requires.

(*Dr. Niven.*) They are not empowered, Mr. Willis?

(*Mr. Willis.*) They are not empowered.

(*Dr. Paterson.*) It means he is destitute of treatment.

(*Mr. Willis.*) He is destitute as regards this particular treatment that he needs.

(*Dr. Newsholme.*) He cannot provide it for himself.

(*Dr. Paterson.*) He is destitute of money.

(*Dr. Smith Whitaker.*) "They also receive into the infirmaries cases which pay for treatment," that is a fact.

(*Dr. Newsholme.*) "From whom payment is subsequently demanded."

(*Dr. Smith Whitaker.*) "Payment is subsequently received"; it is not only a question whether it is demanded, it is a question whether it is received.

(*Mr. Willis.*) Guardians do recover. I do not know what it amounts to; it is rather a small thing altogether, but they have the legal power to recover something towards the maintenance.

(*Dr. Niven.*) I think the point which is aimed at is this. You take the South Manchester Guardians, for instance; they have provided a Sanatorium under the Insurance Act, they would not be at liberty to use that Sanatorium for the reception of cases getting sanatorium benefit.

(*Mr. Willis.*) No.

(*Dr. Niven.*) They would not; not under any circumstances.

(*Mr. Willis.*) Quite; the Insurance Act says they shall not.

(*Dr. Niven.*) The Insurance Act says they shall not, so that really there is not much object.

(*Mr. Willis.*) I do not think you gain anything.

(*Chairman.*) Would this meet the views of the Committee: "They also receive into infirmaries by agreement cases for whom payment is often subsequently recovered and some sanitary authorities," &c.

(*Dr. Newsholme.*) I should like to know the evidence on that point. I did not know that some sanitary authorities have entered into agreements; if there are such, they are unknown to me.

(*Dr. Smith Whitaker.*) Leave out the words "by agreement."

(*Dr. Newsholme.*) There may be some, but I do not know of them; I doubt it.

(*Dr. Addison.*) Really I do not think this is worth wasting any time over, because we do not propose, we do not want them to go into Poor Law Infirmaries. We do not want to encourage Poor Law Authorities to deal with cases other than destitution. I think it better to knock the whole thing out.

(*Chairman.*) Well, knock the whole sentence out. It is proposed to delete the whole sentence.

AGREED.

(*Dr. Mearns Fraser.*) You have not mentioned the fact that a number of Poor Law Guardians provide Sanatoria, the number of Guardians that provide Sanatorium treatment for Tuberculosis patients. Surely that ought to be inserted here. It would come in where the paragraph is that you have just cut out.

(*Mr. Willis.*) I proposed to recognise the fact that Guardians have done more perhaps for this than any other Public Authority; much more. The Committee are rather against that; they seem not apparently inclined to give Guardians any credit at all. Many of them have provided excellent Institutions.

(*Dr. Latham.*) From the point of view of bricks and mortar, but not from the point of view of medical treatment.

(*Dr. Niven.*) In some cases surely the treatment has been good.

(*Chairman.*) Would this meet you? "The cases found in Poor Law Infirmaries and Sanatoria are," &c. The last sentence but one.

(*Mr. Willis.*) And Sanatoria provided by the Guardians?

(*Chairman.*) Well, that is a Poor Law Sanatorium.

(*Dr. Newsholme.*) I was proposing to modify that sentence to this effect: "The majority of the cases found in the Poor Law Infirmaries are," then leave out, "to a great extent"—"are of the advanced and incurable type," but leave out "but many incipient and curable cases" and so on, "but some earlier cases are also treated." I think it is extremely rare for an incipient case to get into a Poor Law Institution.

(*Dr. Niven.*) But early cases?

(*Dr. Newsholme.*) Incipient cases.

(*Dr. Niven.*) Early cases.

(*Dr. Mearns Fraser.*) You do have early cases. A man who had pneumonia contracted consumption immediately in the Infirmary. You have some cases that contract consumption in the Infirmary.

(*Dr. Newsholme.*) It is a minor point; I do not press it.

(*Dr. Niven.*) I think it is true, they do not treat these early cases of phthisis. I think it is quite exceptional.

(*Dr. McVail.*) I do not see why Mr. Willis should not put in the actual figures. They are figures of considerable importance, and, if it is matter of fact, why should not the public have the fact placed before them that that is already being done? Whether done for treatment or isolation it is the fact there are many cases there, I have seen them in Poor Law Infirmaries in various parts of England, and it is quite an appreciable item in the prevention of disease in this country, that a large number of cases are isolated there instead of lying at home.

(*Chairman.*) We say a large number of cases of Tuberculosis are being found in the Infirmaries.

(*Dr. Newsholme.*) I think it is very desirable indeed to have the things in here or somewhere else; I do not care where.

(*Mr. Willis.*) On the 4th November there were actually 9,000 beds in England and Wales being used for consumptive people.

(*Dr. Paterson.*) I do not mind "being used," I do not mind that expression "being used," as long as you do not say "being treated."

(*Dr. Niven.*) Well, but they are treated.

(*Dr. Addison.*) It might be put at the end, I think it would be better to come in when we are dealing with beds.

(*Dr. Newsholme.*) I do not care where, as long as the fact appears somewhere.

(*Chairman.*) What is the alteration proposed?

(*Dr. Newsholme.*) The last sentence but one in that paragraph if the Committee agree would read as follows:—"The majority of the cases found in Poor Law Infirmarys are of the advanced and incurable type, but some earlier cases are also treated."

(*Dr. Addison.*) "The majority of the" in front of cases.

(*Dr. Newsholme.*) Yes.

(*Mr. Willis.*) And it is proposed to put in the word "Sanatoria" after "Infirmarys"?

(*Dr. Newsholme.*) Oh, yes.

(*Chairman.*) Well then, a new section 12, you will find it on the Chairman's amendment paper, heading "Metropolitan Asylums Board—Considerable provision for London children chargeable to Guardians of the Poor suffering from various forms of tuberculous disease has been made in recent years by the Metropolitan Asylums Board." Is that agreed?

(*Dr. Addison.*) I should suggest, for the same reason that, it is waste of time that we do not put in all these details.

(*Chairman.*) Agreed.

(*Dr. Leslie Mackenzie.*) Is that all?

(*Chairman.*) Yes, all.

(*Dr. Mearns Fraser.*) That does not make it happier?

(*Chairman.*) Then, "we have found that cases found in Poor Law Infirmarys and Sanatoria."

(*Dr. Mearns Fraser.*) We do not recognise what the Poor Law Guardians do in providing Sanatoria. There are certain objections raised to the Report. You have not recognised certain things done by Poor Law Authorities, I think.

(*Chairman.*) We say "a large number of cases have been found in their Infirmarys and Sanatoria." Shall be put?

(*Dr. Mearns Fraser.*) That will be better, Sir.

(*Chairman.*) Is all agreed?

AGREED.

(*Chairman.*) 13, Dr. Leslie Mackenzie's criticism is met, you will find, in the Government printed draft before you.

As to Dr. Mearns Fraser's suggestion, well, you see, we give here a summary under the National Insurance Act of provisions which probably will be more comprehended by the public than the actual technical words in the Act. After all, the words in the Act will be before the necessary Authorities, probably all councillors will have them.

(*Dr. Mearns Fraser.*) I do not press that; it is only a suggestion.

(*Chairman.*) We are trying to get the thing clear, you see. Dr. Newsholme, is that necessary after the words, "undertaking such treatment in a manner approved by the Local Government Board," on 13, the second paragraph headed section 16, the last sentence but one?

(*Dr. Newsholme.*) The point was, that unless that additional sentence is put in, this does not give a correct conception of the powers of section 16, a complete conception.

(*Dr. Smith Whitaker.*) May I say, the fact, of course, that the Local Government Board have two distinct powers with regard to Local Authorities: one, approving or otherwise the treatment that they give, and the other that of authorising them to undertake treatment otherwise than in institutions, but as a matter stating the facts in the case in a simple manner for the ordinary reader, this has covered the whole ground. Surely it may be taken for granted that the Local Government Board would not approve treatment undertaken by the Local Authority, unless they had authorised that Local Authority to undertake such treatment.

(*Dr. Newsholme.*) I do not press the point; it seemed incomplete.

(*Chairman.*) The next two amendments, I think, if you look in the "Chairman's amendments" under section 13, you will see.

(*Dr. Newsholme.*) I do not press that, Sir.

(*Mr. Stafford.*) Is this estimate of 14,000,000 on the third paragraph for the four countries, or is it only for England?

(*Dr. Smith Whitaker.*) The four countries.

(*Mr. Stafford.*) Because, everything up to this has been dealing with England and Wales. I think it ought to be stated in some shape or form.

(*Dr. Smith Whitaker.*) In the United Kingdom.

(*Mr. Stafford.*) I think it ought to be put.

(*Chairman.*) The number of persons in the United Kingdom.

(*Dr. Smith Whitaker.*) After the word "Insurance," I think it will come in best, Sir.

(*Chairman.*) Yes.

(*Dr. Smith Whitaker.*) I have a point which will come in now on the first line to which my attention has been called. I think we should refer not only to the fact that we have an Insurance Committee for every county or county borough, but also this, they could appoint District Committees. I think there is a tendency to overlook the importance of these District Committees under the Act. I am sure we could leave it to Mr. Clarke to insert a suitable reference.

(*Chairman.*) Section 16 on the papers before you, that is headed section 14, because that was the previous draft; it is actually Section 16 of the Government draft which is before you. If you would not mind going to section 16, we will come back to 14 and 15. Now, might I suggest before taking the criticisms in detail, that the members of the Committee should read the alternative phraseology for 16, which Mr. Clarke and I have drafted with a view to meet many of the suggestions and criticisms which were put before us.

(*Mr. Davies.*) Where is it?

(*Chairman.*) On the "Chairman's Amendments" you will find a new section 16. "The scheme which the Committee desire to recommend for the prevention, detection and treatment of the disease is intended to complete existing public health administration in respect of Tuberculosis, and is based on the establishment and equipment of two units related to the general public health and medical work carried on by the Medical Officers of Health and by the general practitioner. The first unit consists of the Tuberculosis Dispensary. The second unit consists of the Sanatoria, Hospitals, &c. in which institutional treatment is given. The Committee consider that Tuberculosis dispensaries should be established in local areas throughout the United Kingdom, and that the local area for which they are established should, generally speaking, be the area of the County or County Borough, or a combination of such areas. The precise functions of the Tuberculosis Dispensary are dealt with in the next succeeding section of the Report. The Committee are of opinion that the Tuberculosis Dispensary should be the common centre for the diagnosis and for the organisation of treatment of tuberculosis in each area, at which the various bodies and persons connected with the campaign against tuberculosis will be brought together. The aim should be that no single case of tuberculosis should remain uncared for in the community, but that whatever services the scheme provides should be available for all cases of the disease. Behind the Tuberculosis Dispensary should stand the second unit, consisting of a system of Sanatoria, Hospitals, Farm Colonies, open-air schools, &c. The Tuberculosis Dispensary should be linked up to these institutions for which it will act as a clearing-house."

I do not know whether the members have had time to read this. Perhaps I might explain that we drew this up, because it seemed from the criticisms, the amendments sent in by various members of the Committee, that some members of the Committee appeared to think that we did not recognise the existing authorities that were dealing with Tuberculosis, that this was some entirely new machinery. I certainly understood that the Committee wanted this machinery to fit in to the existing machinery as it now is in this country, and I thought that this section made it just a little bit clearer.

(*Mr. Leslie Mackenzie.*) Might I suggest that, as this is really the cardinal point of the whole administration, we might take it sentence by sentence?

(*Chairman.*) Well, if there are any points to raise.

(*Dr. Paterson.*) If you look at the printed Report, the last page of all and the end of the last paragraph but one, it says, "the one essential is a skilled principal

" Medical Officer with capacity for organisation," and I think that is the whole point. It is not the Dispensary that is going to do anything. All this Report is mixed up. In places it says, Tuberculosis Officer, and in places Dispensary. In every place, for every unit of population, we will have to have a Tuberculosis Officer, and I want to see him made the first line of defence, not the Dispensary, because supposing this Officer is put under the Medical Officer of Health, he is not labelled "Tuberculosis Officer," he may get him to do his own Medical Officer of Health work; but if he is labelled Tuberculosis Officer, he is there for a definite purpose. And if we look back to the time when they established the Medical Service in England and made the Medical Officers of Health, they did not first of all say, "build town halls for them to live in"; they said, "Make Medical Officers of Health, get to work, appoint him and let him find his rooms to live in." I think this is the same with the Tuberculosis Officer; we want to get him appointed, and wherever necessary, by all means give him a dispensary; give him anything he wants as long as he does his work, but I think we should put forward, it is this man we want, and not a lot of buildings.

(*Chairman.*) Yes, but Dr. Paterson, on that point he is to have the functions and the first unit and treatment, &c., &c., &c., and incidentally Information Bureau, and Educational Centre. Surely he has got to have some central place. I quite realise in rural districts you will not have—you may have—branch Dispensaries or sub-centres, no buildings except that there must be some central building in each area from which the Tuberculosis Officer starts.

(*Dr. Paterson.*) I quite agree with that, only my point is, make the Officer the first unit, give him his buildings, his Dispensary as we have arranged, but make it the appointment of this Officer is the thing we are relying most on. If we say "Build 300 Dispensaries," and they do not have these proper Officers, they can do nothing. My point is, we are making too much of the buildings and not enough of the Officer.

(*Chairman.*) I thought in the Report we had made it clear that this Committee considered it essential to have a good head man in charge of the Dispensary or the area.

(*Dr. Paterson.*) I think we make too much of the Dispensary; that is only my idea. In this Report we do not make it clear it is the man we are in favour of, rather than the building. It is only a matter of putting the Tuberculosis Officer all through.

(*Mr. Willis.*) Would not Dr. Paterson explain, by reference to other sections of the draft Report, what alterations he wants to bring out that point? It is rather difficult to deal with a general statement like that.

(*Chairman.*) I think that would mean altering the whole Report right through. It is to be a very big task indeed. Surely it is understood that the two go together. When we refer to Dispensary, a Dispensary by itself without a Medical Officer obviously cannot do any good.

(*Dr. Newsholme.*) May I suggest that Dr. Paterson's point might be met by putting in at an early stage, an elastic definition of Dispensary such as was given at the last meeting by Dr. Niven which would meet the point, I believe.

(*Chairman.*) If Dr. Paterson will look at section 18, page 12, of this Government draft he will find there, that in rural areas it is not essential to have a building, "In other rural neighbourhoods no accommodation will be found necessary, as the tuberculosis medical officer will himself call upon the patients in their own homes."

(*Dr. Addison.*) We have a special paragraph on page 14, section 24, dealing with the qualifications of these men. What I would suggest at present would be that what he is raising is a point as to what I may call the intrinsic qualities of the Dispensary or the machinery, the basis for a Dispensary, whereas this section 16, which is now labelled 16, is simply setting out the general skeleton, the basis of the whole scheme. We come to the details of the ingredients later on, and this particular ingredient is dealt with on page 16, section 24, we set out that it is of cardinal importance that these men should be properly qualified and

experienced, so that is the place to deal with him when you are dealing with your Dispensary specifically rather than when you are giving a representation of the whole scheme.

(*Dr. Niven.*) It would be necessary almost to reconstruct the whole Report in order to put it in this manner. I was requested at the last meeting to draw up a definition of Dispensary which would meet the difficulties, and I would suggest that this does meet the difficulties, the difficulty which Dr. Paterson has raised to say that the term "Dispensary" connotes any administrative equipment whether provided with structural conveniences or otherwise which fulfils the purposes assigned to it in this Report.

(*Chairman.*) Surely that is met by 18 here where we say, "it is not essential to have in scattered districts a building." We all agree, I mean he must have a home, a nest from which he starts; from which he starts and to which he returns.

(*Dr. Niven.*) And it might be the Public Health Office, or it might not; probably it would be.

(*Dr. Addison.*) Your definition would come in there rather than in a general review of our scheme.

(*Dr. Leslie Mackenzie.*) I think the definition of a Dispensary is really very essential from an administrative side. It ought to have a little paragraph to itself, either before or after the place where Dispensaries are first mentioned, because I entirely agree with what Dr. Paterson has said, and in the memorandum that Dr. McVail and I sent in; although it has not been printed, we commented on that very point, a Dispensary must include a Tuberculosis Officer who has no place at all to treat anybody in, it ought not to be a mere matter of stone and lime. As I said at the last meeting of the Committee, we are almost beginning at the wrong end in insisting on the mere structural, physical provision of buildings and places. The thing to provide is the organism, the Officer with such machinery as he may require. We do not begin with Hospitals when we are providing machinery, we begin with the duty of providing Hospitals. There is not very much between us in the matter, but what I am anxious to keep clear, is that we are not going to be committed to the proposition that every County in Scotland, for example, and every small town must have an actual building, when perhaps an actual building is not necessary.

(*Dr. Addison.*) Would you suggest that the first unit consists of the Tuberculosis Dispensary or its equivalent staff as set out in this Report.

(*Dr. Leslie Mackenzie.*) Yes, if you put it in that way I have no objection whatever.

(*Dr. Latham.*) Does not clause 18 meet your views? You say there, "in other rural neighbourhoods no accommodation will be found necessary."

(*Dr. Niven.*) I think you want a definition of "dispensary."

(*Dr. Addison.*) Really we are dealing with the whole general question, not with the particular qualities of a dispensary. Why could we not say, "the first unit consists of the Tuberculosis dispensary of its equivalent as set out in this Report," something of that kind.

(*Dr. Smith Whitaker.*) "Its equivalent staff"?

(*Dr. Addison.*) Or "its equivalent staff" as set out in this Report. We set out the details later on.

(*Chairman.*) Or else, as an alternative, you could put, "The first unit consists of the Tuberculosis Officer and his administration."

(*Dr. Philip.*) No, Sir, I do not think that is happy, because you cannot say that the Tuberculosis Officer is co-ordinated with his Sanatorium. We have been indefinitely indicating co-ordination on that point. You want to state co-ordinately the elements that we desire, and we did so with some care at the previous meetings.

(*Chairman.*) You could say, "The first unit consists of the Tuberculosis Dispensary with its special officer and staff," as described in section 18.

(*Dr. Philip.*) I have no objection to that.

(*Dr. Smith Whitaker.*) It seems to me that does not meet Dr. Niven. I think really we cannot re-open surely the question of "Dispensary" which we settled after so much debate at the last meeting. I mean we talked about "Institute" and "Clinic," and we plumped

for "Dispensary," therefore, it seems to me that the Committee is committed to "Dispensary."

(*Mr. Willis.*) As a word?

(*Dr. Smith Whitaker.*) Well, the next thing is, if you wanted to get rid of the word, you ought to have got rid of it at that time, and it seems to me what you can do now is to say, as Dr. Addison says, "A Tuberculosis Dispensary or its equivalent staff," because then, from the point of view of the popular mind, you start with a definite concrete expression "Dispensary." It is easier for them to conceive a Dispensary. And then you proceed to strip the Dispensary, as I may say, of its buildings, and reduce it to its staff, and that meets those who rely on the staff.

(*Dr. Niven.*) I think it is better, Dr. Smith Whitaker, to define the word "Dispensary," but that meets it.

(*Dr. Smith Whitaker.*) I think Dr. Addison's suggestion, Sir, would surely meet everybody. The suggestion is, "The first unit consists of the Tuberculosis Dispensary or its equivalent staff."

(*Dr. Addison.*) "As set out in this Report."

(*Dr. Smith Whitaker.*) "As set out in this Report."

(*Dr. Meredith Richards.*) I would suggest that "The first unit consists of the Tuberculosis Officers who will in most cases be attached to a dispensary."

(*Dr. Smith Whitaker.*) I think it is quite easy for the lay mind to start with the Dispensary, and then get down to the staff.

(*Chairman.*) Does that meet your objection just now, Dr. Philip?

(*Dr. Philip.*) Yes, I am quite prepared to accept Dr. Addison's emendation. I think the other would be most unfortunate.

(*Dr. Niven.*) I would simply say, "Or an equivalent staff," without putting "as set forth."

(*Mr. Davies.*) There seems to be some division of opinion on this matter; would it not be well to get on?

(*Chairman.*) I think we are just getting to agreement.

(*Dr. Newsholme.*) Have you agreed on that?

(*Chairman.*) It is suggested, "The first unit consists of the Tuberculosis Dispensary or an equivalent staff as set out in this Report."

(*Dr. Niven.*) I should not add that.

(*Chairman.*) It is just as well to make clear. Does that meet the view of the Committee?

(*Dr. Niven.*) It is not really set out in the Report.

(*Dr. Addison.*) Oh, yes, it is.

(*Dr. McVail.*) The first unit consists of the Tuberculosis Dispensary. The term "Tuberculosis Dispensary" does not necessarily assume a building either owned or rented apart from the Public Health Office of the Local Authority. The arrangement would differ according to circumstances.

(*Chairman.*) I am afraid that is going back on all our previous discussions and agreements.

(*Dr. Addison.*) We defined "Dispensary."

(*Mr. Willis.*) Really, that does not go back, Mr. Chairman?

(*Dr. Newsholme.*) I should accept at once Dr. McVail's proposal, but if that is not agreed to and the shorter version you have read, Mr. Chairman, is accepted, then I should ask you to go back to the previous sentence in the proposed substitution of section 16, because I have an important addition to suggest in that previous sentence.

(*Chairman.*) What is the sentence?

(*Dr. Newsholme.*) The previous sentence is: "The scheme which the Committee desire to recommend for the prevention, detection, and treatment of the disease is intended to complete Public Health administration in respect of Tuberculosis, and is based on the establishment and equipment of two additional units." Then, you go on in your version, "Related to the general Public Health and medical work in respect of those two additional units relating to the general Public Health work in each County and County Borough as set out in paragraph 31, until that relationship is definitely and exactly defined," and it is important that that addition should be made here, so that the first principles are correctly stated.

(*Chairman.*) But, Dr. Newsholme, if I may so, it seems to me that your amendment would give us three

units, and take the Public Health entirely away from the other two units.

(*Dr. Newsholme.*) Not at all.

(*Chairman.*) Our point is to fit it into the existing Public Health service, and as there seemed to be some misconception about it, it was really with that in our mind that we drafted this amendment where we say it fits in. If you say two additional units.

(*Dr. Newsholme.*) I do not press the word "additional," but I do press "relating to the general Public Health work of each County and County Borough, as set out in paragraph 31." Paragraph 31 of the previous draft is the only place in which the relationship of the Dispensary and the buildings are accurately stated in relation to the Public Health Authority.

(*Dr. Niven.*) Might I point out that the scheme which the Committee desire to recommend for the prevention, detection, and treatment of the disease consists, broadly speaking, in the establishment and equipment of these two so-called units, is hardly consistent with fact. You recommend a scheme which embraces the Public Health and also these two things. This is not a scheme which you are recommending, and the first sentence, therefore, is not in place as coming as a preamble to the rest of these recommendations. What you are recommending really is that you should have two units, one unit if you like Public Health, and with these other units as subordinate parts of it.

(*Dr. Smith Whitaker.*) But is Dr. Niven going on with the print instead of on that new draft? I think we must keep to the new draft; Dr. Niven's amendment refers to the print.

(*Chairman.*) Keep to the new draft.

(*Dr. Niven.*) Well, it is the new draft. These two units here are not the scheme you are recommending, as stated in the first sentence, for the prevention, detection, and treatment of the disease.

(*Dr. Smith Whitaker.*) May I suggest, Dr. Niven's criticism is entirely based on the wording of the print and not based on the wording of the typewritten draft. Dr. Niven's criticism was "that the scheme consists." Your draft is not that the scheme consists. Your draft is, "the scheme is based on the establishment of," and that I suggest is perfectly correct.

(*Chairman.*) We altered that to meet the difficulty.

(*Dr. Philip.*) Would it not meet the difficulty if the words, "is intended to complete existing Public Health administration in respect of Tuberculosis and" were omitted, and then your sentence would read: "The scheme which the Committee desire to recommend for the prevention, detection, and treatment of the disease is based on the establishment and equipment of two units related to the general Public Health and medical work carried on by the Medical Officers of Health and by the general practitioner."

(*Chairman.*) We put that in to meet Dr. Niven and one or two others.

(*Dr. Niven.*) I have not seen this; I am sorry.

(*Mr. Willis.*) What I feel about this first sentence, Mr. Chairman, is this, that it rather speaks of these two units as being related to the general practitioner, just in the same way as they are related to the general Public Health administration. Well, I understand the Committee have accepted the view that the general cost should be met by the Local Authority providing these units, so that the position of these units in relation to the Local Authorities should, in the opinion of this Committee, be very different from the position of these units in relation to the general practitioner, but as this sentence stands it looks as though those two units were related to the general practitioner in the same degree and in the same way as they are to the local authorities, and I should like to suggest that we should say "is based on the establishment and equipment of two additional units," or "units," if you like, "forming part of the general Public Health administration," and then simply go on to say, if you want to bring in anything about the general practitioner there, put something in in a separate paragraph. I should hardly have thought at this point we need mention the general practitioner, because our view, as I understand it, is that you should have your Dispensary organisation as the first line of defence, and then that you shall have your beds in Sanatoria Hospitals, and so on as your second line, and

the Committee think that these two lines of defence should generally be provided by the Local Authority as part of the General Public Health administration of this country.

(*Dr. Newsholme.*) That statement entirely meets it.

(*Dr. Leslie Mackenzie.*) That is what is actually recommended in paragraph 31.

(*Mr. Willis.*) That is what is subsequently recommended.

(*Mr. Newsholme.*) I am quite prepared to accept Mr. Willis' alternative suggestion, it substantially amounts to the same thing as the wording which I proposed, which was that these two additional units should relate to the general Public Health work in each County and County Borough as set out in paragraph 31. I am indifferent as to which of these two phrases should be adopted.

(*Chairman.*) But do you propose to omit the general practitioner altogether?

(*Mr. Willis.*) You have dealt with him pretty fully later in several separate sections.

(*Chairman.*) Shall we have "with the Local authorities?" The point is quite clear. Then, they start at this, "they are to complete the work done by the Sanitary Authority and general practitioner."

(*Mr. Willis.*) If you are developing it on that line it seems to me inconsistent with the general principles we have accepted. It is the public organisation we are now thinking of, and it seems to me, if you want to say anything about the general practitioner here, you must say it in a separate paragraph, because his relation to the scheme is essentially different from that of the Local Authority.

(*Dr. Addison.*) I really cannot see there is much in this; after all, this paragraph is only a summary.

(*Mr. Willis.*) Let it be accurate.

(*Dr. Addison.*) We do not profess in this paragraph to be defining in all details. Hereafter we have described them in detail. I cannot see what is the matter with it. You could say relating to the general public health and medical work carried on by the Medical Officer of Health, you might say, "as set out," if you like, "in paragraph 31 and working in harmony with the general practitioner," that would meet your view; I would suggest that.

(*Dr. Niven.*) The establishment and equipment of two units forming part of the general public health work and standing in close relation to the general practitioner.

(*Dr. Newsholme.*) That will do, or Dr. Addison's suggestion.

(*Chairman.*) Dr. Addison's suggestion is, "The establishment and equipment of two units relating to the general public health and medical work carried on by the Medical Officer of Health and working in harmony with the general practitioner."

(*Dr. Addison.*) As set out in paragraph 31.

(*Dr. Leslie Mackenzie.*) Is not the primary point, as I mentioned at the last meeting of this Committee, to make the position precise by saying who it is that is to establish these Dispensaries? The Authority responsible as detailed in paragraph 31; to begin with that, and then it removes all possible doubt as to the nature of the Dispensaries. The relation of the Public Health Authority or any other point. As the proposal stands, to my mind the Dispensary is left hanging in the air until we come to paragraph 31, then we are told that it is to be established and maintained by the Local Authority for Public Health. Why not start with that point and say it will be the duty of the Local Authority for Public Health to establish these two units, namely, your unit of an administrative dispensary, two units, then detail your Dispensary, as you do it here. In the Circular we issued in 1906 we pointedly put it in that way; we said: "In towns and other thickly populated localities where the number of phthisical patients is large, the Local Authority will find it advisable to institute a dispensary or dispensaries." That left no doubt as to the nature either of the thing to be done or the legal basis on which it was founded or the Authority that was to carry it out. It seems to me it would simplify matters immensely if we began with that; the functions will remain precisely as we indicate.

(*Dr. Smith Whitaker.*) It does seem to me rather late in the day to begin re-casting the Report. I think it is very difficult for the Committee to begin re-constructing the Report. And consider what kind of prospective thing it will stand if you do so. As to this particular passage, I have been listening attentively and I find nearly every member of this Committee has a different form of words that he would like to see put here, and I venture to suggest that nobody can say this is inaccurate which is before us. It may not put as much in as Mr. Willis proposed or Dr. Niven would like to see put in, but as far as it goes, as Dr. Addison has pointed out, it is a vague general statement that nobody can say is untrue, and as to the detail people want to bring in, surely all that detail is brought out later on in the Report. Why should we want to cumber this very simple passage with all these alterations; it seems to me much better to leave it vague.

(*Dr. Newsholme.*) I cannot agree to that. I do not object to vagueness on occasion, but here it is vagueness on an essential point. It is out of perspective. It seems to me very important for the guidance of Local Authorities that they should know where they are, and that some cross-reference, as Dr. Addison agreed just now, should be given to paragraph 31.

(*Dr. Addison.*) I would suggest that, if it meets with the general view, that after the words "Medical Officer of Health is based on the establishment and equipment of two units related to the general public health and medical work as carried on by the Medical Officer of Health, as set out in section 31, and working in harmony with the general practitioner."

(*Chairman.*) Does that meet with the general approval of the Committee?

AGREED.

(*Mr. Willis.*) Would you say "forming part of the general public health work" rather than "related to"?

(*Dr. Addison.*) We come to that later.

(*Mr. Willis.*) I must say, I think it is rather to be regretted that anybody who criticises the draft which has only just reached us, should be told that they are rather late in the day to attempt to re-construct the Report.

(*Dr. Smith Whitaker.*) If that relates to me, I had only in mind Dr. Leslie Mackenzie's suggestion that we should re-construct the Report by taking an entire section from another part and putting it in here. That did not relate to Mr. Willis's criticisms; it related to the suggestion that we should bring up the whole substance of another section of this Report.

(*Chairman.*) Are there any other points on this sub-section?

(*Mr. Henderson.*) In the next sentence I was wondering if the Committee would just insert the words: after "County Borough" or "Borough with a population exceeding 50,000."

(*Chairman.*) After which sentence? Would you mind reading your sentence?

(*Mr. Henderson.*) The next sentence: "The Committee consider that these Dispensaries should be established in local areas throughout the United Kingdom, and that the local area for which these Dispensaries may be established should, generally speaking, be the area of the County or County Borough, or a combination of such areas." I want to ask the Committee to insert after "County Borough" or "County Borough with a population exceeding 50,000." There are in the country, Boroughs with a population entitling them to qualify for County Borough powers, that have not obtained these County Borough powers, and I think they ought to be treated in exactly the same way in this matter as a County Borough.

(*Chairman.*) Later on in the Report it is said that a Dispensary unit, as far as population goes, is 150,000. You see it is against the intention of the Report that there should be a Dispensary in a town of only 50,000. There would not be enough to keep one man going.

(*Mr. Henderson.*) But you may have a County Borough; I am merely asking about that. You give

the same power to a Borough, the population of which entitles it to become a County Borough, but which has not obtained, as I have already said, County Borough powers.

(*Chairman.*) Would this meet your point: "The area of a County or Borough, or County Borough or a combination."

(*Mr. Henderson.*) No, because you see the Borough might be a very small thing; it might have a population of 20,000; I do not want that.

(*Dr. Newsholme.*) 10,000 in some cases.

(*Mr. Henderson.*) 10,000 in some cases, but I think the Local Government Board will specially recognise that there are—I have a case in my mind in which they have 56,000 or 58,000—but they have not yet got County Borough powers, though they are entitled to them. I think that "Borough" for this purpose should be considered exactly on the same level as a County Borough.

(*Chairman.*) But a County Borough of less size would have to come in under the combination.

(*Mr. Henderson.*) It does not say so here.

(*Chairman.*) It does in the Report where you deal with Population.

(*Mr. Willis.*) We are proposing to say that at each dispensary we shall have highly paid men of not less than 800*l.* a year.

(*Chairman.*) 500*l.*

(*Mr. Henderson.*) If this is correct, then the Report does not read right, because you are proposing that the local areas shall be the area of a County Borough.

(*Chairman.*) Or a combination.

(*Mr. Henderson.*) Surely, if County Boroughs were taking hold of this and reading it, they would say "Oh, yes, that includes us"; but in some parts of the Report you say it does not include you unless you are federated or combined with somebody else. This is misleading. You should put your 150,000 in here and not mislead the County Borough.

(*Dr. Paterson.*) Might I suggest that the first unit consist of the Tuberculosis Officer with a Dispensary in all urban units of 150,000 or more, whatever unit we make it.

(*Mr. Henderson.*) That would be quite right.

(*Dr. Paterson.*) We have got past my Tuberculosis Officer.

(*Chairman.*) How would this meet your point, "Be the area of a County or County Borough or where the population is not sufficient be a combination of such areas."

(*Mr. Henderson.*) I would prefer that the words "County Borough" should come out entirely, because, as I have already said, you are misleading if you are going to say, as the basis of your scheme, the area shall be the County Borough area, and then if the County Borough has a population of 100,000 it is not going to be the area. You are going to tack something else on in order to make it up to 150,000. Then, I say you had better leave the "County Borough" here and put in "County or area with a population," that you state in another part of the Report.

(*Dr. Smith Whitaker.*) Suppose you said "Which County Borough is the area of a County or which County Borough"—

(*Chairman.*) That would be the simplest alteration.

(*Mr. Willis.*) Need you say it at all there; omit the whole of that sentence, because when you come to "Organisation," you do then deal with it fully; you have opened this by saying that you think these units should be added to the existing Local Health administration.

(*Chairman.*) You would propose to omit the whole of that sentence, beginning "The Committee consider"?

(*Mr. Willis.*) Yes, down to "areas."

(*Dr. Addison.*) I think that is an improvement to miss out the whole thing, because you are only going into details, which we do later on.

(*Mr. Henderson.*) I would support that. Well, I would leave it out as conflicting with something else it is inconsistent with later in the Report.

(*Chairman.*) All right. Gentlemen, it is proposed to omit the whole of that sentence: "The Committee consider that these Dispensaries should be established in Local Areas throughout the United

" Kingdom, and that the local area for which these
 " Dispensaries may be established should, generally
 " speaking, be the area of the County or County
 " Borough, or a combination of such areas."

AGREED.

(*Dr. Paterson.*) You have not settled the first unit, "consists of a Tuberculosis Officer" or with a Dispensary, because I want to see this Tuberculosis Officer with a definite position like the Medical Officer of Health. He is going to be the man to attack Tuberculosis, and I want to see him a very prominent person. He is not here. My point is you can get these Local Authorities starting to build, whereas they ought to be looking for and training a man. It does not matter about the buildings, anything will do to start with; but you cannot get on without the man, and we are not making enough importance of that fact.

(*Chairman.*) We do recommend that specially further on in the Report, and I think Dr. Paterson has forgotten that the sentence now reads: "The first unit consists of the Tuberculosis Dispensary or of an equivalent staff as set out in this Report." "The second unit consists"—does that meet your point?

(*Dr. Paterson.*) No, Sir, it does not meet it. It is the man who does the thing and not the building, because the Dispensary, if you had these 300, cannot do anything without the man, and, after all, we could convert this Room into a Dispensary. We are making far too much of the buildings and not enough of the man.

(*Dr. Mearns Fraser.*) Paragraph 24 might be re-drafted; just the start of it, saying: "The Committee regard the Tuberculosis Officer as most important," instead of saying: "The Committee consider that "Tuberculosis Dispensaries should be established." It would give a little more prominence to the Tuberculosis Officer, which will, perhaps, meet Dr. Paterson.

(*Dr. Latham.*) Surely we are not dealing with the whole of the Report in detail with regard to this basis of the scheme. We have the whole paragraph 24, going in detail into the duties and qualifications of the Tuberculosis Officer, and people are going to read more than one page of this Report.

(*Chairman.*) This is only the basis of the scheme.

(*Dr. Latham.*) We are saying very definitely that the man is the chief thing in the Dispensary. There is no object in stating it three or four times.

(*Dr. Paterson.*) It does not say it here. It says the first unit is a building; that is my objection.

(*Dr. Philip.*) Surely it is not a building; it is an organisation with a very extensive staff.

(*Dr. Paterson.*) A Sanatorium would do good, because it has beds, and the people can go into fresh air and be treated. A Dispensary has not got beds. It is an inanimate body; it cannot do anything without the man. You are giving it too much prominence without the man.

(*Dr. Smith Whitaker.*) I thought we had practically agreed to the suggestion made before, "Tuberculosis Dispensary or its equivalent staff set out in this Report."

(*Dr. Paterson.*) I did not agree to that.

(*Chairman.*) After all, when you talk of the hospital you mean the staff, the people who are running the hospital. I thought your point that you have raised before this Committee is, that in a Sanatorium having treatment the success depends upon a man.

(*Dr. Paterson.*) That is my point now.

(*Dr. Addison.*) We say so in the Report.

(*Chairman.*) We say so in the Report. That would bring in every point on every paragraph.

(*Dr. Paterson.*) Put it in, first of all, in the first paragraph; I do not care what you say afterwards, but it only wants Tuberculosis Officer with a Dispensary there for 150,000 people, whatever the unit is.

(*Dr. Leslie Mackenzie.*) May I ask you how the first sentence of that new draft reads?

(*The Secretary.*) "The scheme which the Committee desire to recommend for the prevention, detection, and treatment of the disease is intended to complete existing Public Health administration in respect of Tuberculosis, and is based on the establishment and equipment of two units related to the general Public Health and medical work carried on by the Medical

Officers of Health, as set out in section 31, and working in harmony with the general practitioner."

AGREED.

(*Dr. McVail.*) I almost think, Sir, that looking at the place that we hope the general practitioner will take under the Insurance Act in regard to the domiciliary treatment of Tuberculosis, that it would be worth making a specific reference to that here, in substitution for the final words that you have read, and what I have thought of was that it might run on in this way as set out in section 31, and then changed afterwards, and also to the domiciliary preventive work which it is hoped will in future be carried out by the general practitioner acting under the Insurance Act. We do hope that he will be carrying out such work, and up till now he has not been doing very much preventive work.

(*Chairman.*) He must be working in harmony. That is really what you mean, only you are going into rather greater detail, which I think had much better come in a subsequent section. This is only the broad outlines of the scheme that we are trying to put into this paragraph.

(*Dr. Smith Whitaker.*) I suggest that all this phrase is limiting the work of the general practitioner, rather than extending it.

(*Chairman.*) Is there no other point on this new section?

After a pause,

(*Chairman.*) The next is section 14 in the new print. Dr. Paterson has a point there. In the old draft it is section 15. In the new, it is section 14: General Principles of Treatment.

(*Dr. Paterson.*) What is it in the old one?

(*Chairman.*) 15.

(*Dr. Paterson.*) It comes back to my Tuberculosis Officer again. Now that is all.

(*Chairman.*) In the last sentence of that paragraph the word "specific" raises controversial points. That is what you have got.

(*Dr. Paterson.*) Yes; I propose to leave that out. "To this medical treatment may be added the use of "Tuberculin and other remedies."

(*Dr. Addison.*) Where are you referring to?

(*Dr. Paterson.*) Section 15. It is paragraph 3. The end of the third paragraph.

(*Dr. Latham.*) Pages 8 and 9 on the Government print.

(*Dr. Paterson.*) The bottom of page 8 to the top of page 9: "To these general measures of treatment "may be added those of a more specific character "such as the use of tuberculin and other remedies." I want it to read: "to these general measures of "treatment may be added the use of tuberculin and "other remedies," to take out "those of a more specific "character."

(*Dr. Philip.*) What is the objection to "specific character"?

(*Dr. Paterson.*) The objection to it is, we have been talking about the application of tuberculin and I maintain that that is ordinary inoculation and, therefore, specific, and if we are to have a discussion of the benefits of ordinary inoculation of tuberculin I am quite ready; it does no harm to take out "specific."

(*Dr. Niven.*) Not the slightest.

(*Dr. Latham.*) I must support Dr. Paterson.

(*Chairman.*) It is proposed to omit the words "those of a more specific character such as."

(*Dr. Paterson.*) Yes.

(*Chairman.*) The sentence would now read "to "these general measures of treatment may be added "the use of tuberculin and other remedies." I ought to say that it is proposed to put in a new subsection under 13 in the middle of page 8. The heading would be "Insurance Committees," "The Medical Officers of Health," and it would read: "by section 60, sub-section 2, Insurance Committees are authorised to "obtain the advice and assistance of a Medical Officer "of Health, with the consent of his Council, in the "exercise and performance of their powers and duties "under the Act." It is merely a recital of our clause, which had been omitted, which comes in the Insurance Act

(*Dr. Mearns Fraser.*) With regard to that section, Sir, that alteration you made previously, you went on rather quickly. I meant to say you know you have left out those of a more specific character, treatment may be added such as the use of Tuberculin and other remedies. Will you not have to face the question some day as to whether you are to recommend Tuberculin or simply say it may be used? I would suggest here that the paragraph reads, "To these general measures of treatment should be added Tuberculin and other remedies."

(*Chairman.*) I do not think we can recommend, we recognise; I do not think we could put "and."

(*Dr. Latham.*) You may say "it may be advisable."

(*Dr. Addison.*) We are not here to make recommendations on questions of therapeutics, that must be left to the medical experts to thresh out among themselves.

(*Dr. Niven.*) Yes, and we are to have a hornet's nest about us if we do, and get our skins pulled off.

(*Dr. Meredith Richards.*) Is the last paragraph of 14 essential? It seems unnecessary to call attention to the failures of Sanatoria in the past.

(*Chairman.*) Oh, I think it is essential. It is very important, I should say.

(*Dr. Latham.*) I think it is very important, Sir, because Sanatorium treatment has not had its proper recognition in this country, largely for reasons which are set down in this Report.

(*Dr. Niven.*) That is a doubtful matter.

(*Chairman.*) Dr. Newsholme, you had a point you wanted to raise?

(*Dr. Newsholme.*) The old 15 paragraph which is now 14. There is a paragraph dealing with therapeutic measures which tend to increase the patient's resistance. That is an incomplete and, therefore, an unsatisfactory statement.

(*Chairman.*) 14 of the Government draft. The fourth paragraph at the bottom of page 8, the first sentence of the last paragraph on page 8, "The therapeutic measures employed are——"

(*Dr. Newsholme.*) "The therapeutic measures employed are broadly those which tend to increase the patient's resistance to the disease," also the measures to safeguard him against continued infection, and both sides of the question must be stated. I do not profess to say whether infection or resistance is most important, but they ought both to be stated.

(*Dr. Addison.*) What words do you propose?

(*Dr. Newsholme.*) I suggest that "to this end the patient should be freed from," then in that matter, "exposure to continued infection by tubercle bacilli derived from his own expectoration and other sources and should be guarded against," then go on as in print, "all debilitating conditions such as impure air, insufficient food, &c." In that way you get the perspective between the two elements, between Sanatorium treatment and prevention of disease generally, viz., Infection and increasing resistance which are both necessary.

(*Dr. Paterson.*) It will be met by putting "the patients should be freed from infection and all debilitating conditions."

(*Dr. Newsholme.*) That is shorter, if you like to have that, but the two elements must be stated, otherwise it is a one-sided arrangement.

(*Chairman.*) It is now suggested that the last paragraph of page 8 should read as follows:—"The therapeutic measures employed are broadly those which tend to increase the patient's resistance to the disease. To this end the patient should be freed from infection and all debilitating conditions, such as impure air, insufficient food, &c." Would that meet with your approval?

(*Dr. Leslie Mackenzie.*) I think "infection" is a little too condensed, Mr. Chairman.

(*Dr. Newsholme.*) "Risk of continued infection," that would do it.

(*Dr. Leslie Mackenzie.*) "Risk of continued infection from himself as well as from other people, in his home, that is to say."

(*Dr. Newsholme.*) For instance, the milk supplied in the Sanatorium might cover tubercle infection, that is one important element; if you can prevent that, a man swallowing his sputum; spitting in his hand-

kerchief and using it afterwards. You have degrees, it is 10 to 1 the man will not manufacture infection for himself or his brother patient.

(Dr. Latham.) But you say "freed" and "partially freed."

(Dr. Newsholme.) "Protected."

(Dr. Philip.) These words "continued infection."

(Dr. Addison.) "Protected as far as possible."

(Chairman.) "To be protected from."

(Dr. Niven.) Or "guarded against risk of continued infection."

(Dr. Latham.) "As far as possible."

(Dr. Leslie Mackenzie.) "Protected as far as possible from —"

(Dr. McVail.) "As far as practicable," not "possible."

(Chairman.) Is the word "continued" to go in front of infection or not?

(Dr. McVail.) Yes.

(Chairman.) "From continued infection."

(Dr. McVail.) "From risks of infection and re-infection."

(Chairman.) Is there anything else on that?

(Dr. Leslie Mackenzie.) One word I suggest, Mr. Chairman, instead of "essential," in the second paragraph under 14, a mere verbal point, the meaning is the same: "the treatment may be in all essentials" "sanatorium treatment." It is put here. It is here, "may be essentially sanatorium treatment."

(Chairman.) Yes, "in all essentials." Then, we come to —

(Dr. Newsholme.) Before you go on, 17; it is a small matter. It seems to me, page 9, second paragraph from the top, "frequent lectures should be given by the resident staff" —

(Mr. Willis.) You suggest "addresses" rather than "lectures"?

(Dr. Newsholme.) Yes.

(Chairman.) Does not "address" apply rather specially to a chapel?

(Dr. McVail.) Call it "tuition."

(Chairman.) Why do you object to the word "lecture"?

(Dr. Newsholme.) Because it is too formal.

(Dr. Paterson.) I often say, "A fortnight to-night we will have a talk on tuberculosis patients," and the patients always call it a lecture; they call it a lecture themselves, I never have.

(Dr. Newsholme.) I do not press the point; have we decided to keep in "the failures," the last paragraph?

(Chairman.) Yes; was not that the general opinion of the Committee to keep in "the failures"?

(Dr. Newsholme.) I think it is a case of *qui s'excuse s'accuse*, and I do think it is very undesirable to put that in.

(Dr. Niven.) It is a very doubtful matter altogether that you can make any statistics you like with regard to sanatoria by selecting cases for treatment. We do not know anything; which sanatoria have failed, and which have not failed. A sanatorium which would show one-half the good results may be really much better conducted than a sanatorium which shows very much better results, owing purely to the class of cases which are taken in. I quite agree I do not think this ought to go in.

(Dr. Leslie Mackenzie.) Before you go on further, it speaks of period of treatment in a sanatorium. Might I suggest for "hospital" there, a few lines above, it is next to the last paragraph, five lines from the end; it says, "Most cases of pulmonary tuberculosis would be given their best chance by a period of treatment in a sanatorium or a hospital." You have no objection to that, Dr. Latham? I am suggesting that most cases of pulmonary tuberculosis would be given their best chance by a period of treatment in a sanatorium or hospital. It is four lines from the end next to the last paragraph.

(Dr. Latham.) I should not agree to that myself, because I do not think they would get their best chance in a hospital. You take a hospital like Brompton Hospital. You are not to give a man as good a chance sending him to Brompton Hospital as to a sanatorium.

(Dr. Leslie Mackenzie.) You mean sanatorium in that limited sense?

(*Dr. Latham.*) I mean a sanatorium.

(*Dr. Leslie Mackenzie.*) Because in this paragraph you are dealing with what is essentially sanatorium treatment.

(*Dr. Latham.*) That was before the Committee, but I should still stick out for the sanatorium treatment in the sanatorium.

(*Dr. Paterson.*) If we got tubercle, would we be content to stop here and be treated, or would we go to the country? We would all go to the country, because it is healthier.

(*Mr. Willis.*) You would go to Switzerland for the winter, if you could afford it?

(*Dr. Leslie Mackenzie.*) It only means a hospital could be called a sanatorium.

(*Dr. Latham.*) You say that a sanatorium in Switzerland is better than one at Brompton.

(*Mr. Willis.*) Probably Dr. Paterson would rather go to Switzerland for the winter.

(*Mr. Davies.*) I put down an amendment to 15.

(*Chairman.*) We are on No. 14; I think the general feeling is that it should remain in. Is not that the general feeling of the Committee that the last part of 14 should remain in, "the failures of treatment," &c.?

(*Dr. Meredith Richards.*) I think it should come out.

(*Dr. Addison.*) I think it is very important that it should stop in, otherwise it will give rise to very serious misapprehension. All you have got to do, whatever stage of phthisis you are in, is to go to what is called a sanatorium. They have the vaguest possible notion of what a sanatorium is. Unless we disabuse their minds of that impression, we shall be consenting to giving a false impression. There is a very false impression at the present time. I think it is very necessary for us to say specifically it does not follow, if you go to a sanatorium, you are to get better. It is very important from the point of view of the attention of the public that we should point out this kind of thing.

(*Dr. Niven.*) I would point out that this is not the explanation of the failures.

(*Dr. Latham.*) I venture to say against that, Dr. Niven. In my opinion it is.

(*Dr. Paterson.*) What is the explanation of the failures, Dr. Niven?

(*Dr. Niven.*) I think that when you get much poorer results in this country, say, than you do in Germany, it is because the patients are specially selected in Germany before they go in.

(*Chairman.*) That is met by this. In this section, we say about the selection of unsuitable cases. Your point is met there.

(*Dr. Paterson.*) They have all the windows shut in Germany.

(*Mr. Davies.*) I put down an amendment to No. 15 in the old Report.

(*Chairman.*) That is 14 in the new.

(*Mr. Davies.*) That is 14 in the new. We are discussing this under some disadvantage, because it is so difficult to follow the two reports.

(*Chairman.*) Yes, quite.

(*Mr. Davies.*) However, the amendment which I put down is a very important one, I think. It is to insert after "Sanatorium."

(*Chairman.*) On what page in the new Government Draft?

(*Dr. Paterson.*) Page 9. The third paragraph, with the word "Sanatorium" at the end.

(*Dr. Latham.*) Four lines from the bottom, last paragraph but one, on page 9.

(*Mr. Davies.*) "All such treatment should in certain cases be made compulsory." I think that this is a very big question that we cannot discuss adequately to-day, and I think it is very analogous to the one we discussed on Dr. Niven's amendment about the question of compulsory notification of other forms of tuberculosis, and I think it was the opinion of the Committee that that was not a matter that should go into the Interim Report, but which should be dealt with in the Final Report. Therefore, I am quite willing to waive this amendment on the understanding that we can discuss it on the Final Report.

(*Chairman.*) We will discuss it on the Final Report.

(*Mr. Davies.*) Yes.

(*Dr. Leslie Mackenzie.*) In the last paragraph of that section 14, No. 3, it says: "the admission to "Sanatoria of unsuitable cases." That I think it would be better if we said: "Continued treatment in "Sanatoria of unsuitable cases." Cases are bound to be admitted which are unsuitable, but they can be at once cleared out. It is emphasising the wrong point.

(*Chairman.*) Excepting that they are sent there as failures.

(*Dr. Paterson.*) It really is the fault of the admission. Once you get the person in a sanatorium you cannot get your heart hard enough to turn him out. You think you have a hard heart, but you very seldom get rid of him; you keep on having a try, but though you try to do the hopeless, still they stay the full time—countless failures, but if I had seen the patient here, not come into intimate contact with him, then my heart is hardened up, but say they shall come once, you get them into the sanatorium, they stay.

(*Dr. Latham.*) That would be made better by unsuitability of cases—you want to get rid of the "admission."

(*Dr. Leslie Mackenzie.*) Yes, for sanatorium treatment.

(*Dr. McVail.*) I have no preference, the mere matter of the admission is not the point, cases admitted to a sanatorium, treated for a while, no use them stopping here, but the death of them do not stop.

(*Chairman.*) The treatment at the sanatorium of unsuitable cases. Dr. Newsholme suggested the words "continued treatment."

(*Dr. Leslie Mackenzie.*) That is what I suggested.

(*Mr. Willis.*) If it is quite clear what is a suitable case, should not we set out quite definitely by a formula what is a suitable case?

(*Dr. Paterson.*) A suitable case is a man who can be restored to his full working capacity; that is, there is a likelihood.

(*Mr. Willis.*) I mean, can you, Gentlemen, who are experts here, say exactly how one can forecast that?

(*Dr. Latham.*) Well, that was the principle of the classification of patients.

(*Chairman.*) May I suggest, "the admission and continued treatment" would perhaps be better?

(*Dr. McVail.*) I do not quite like the beginning of that last paragraph. I do not know whether this would be any improvement or not. Instead of saying: "The failure of treatment in a sanatorium in the past "may be in part ascribed to the following reasons," I would suggest that we might put in: "Success of "sanatorium treatment has no doubt in the past been "adversely influenced by 1, 2, 3, and so on."

Cries of "AGREED."

(*Dr. McVail.*) It is very awkward to say it is set down there.

(*Chairman.*) I beg your pardon, there was an alteration that I had put down in my amendments, "Where "treatment in sanatoria has failed in the past these "failures may in part be ascribed to —"

(*Dr. McVail.*) But you are still talking of failures; I would not talk of failures, but of successes.

(*Dr. Niven.*) It is all a statistical matter.

(*Chairman.*) What are your words?

(*Dr. McVail.*) "Success of sanatorium treatment has no doubt in the past been adversely influenced by 1, 2, 3, and so on."

(*Dr. Jane Walker.*) Yes, I think that is very good.

(*Dr. Smith Whitaker.*) "Treatment in sanatoria."

(*Dr. McVail.*) "Treatment in sanatoria," that is quite right.

(*Dr. Newsholme.*) One more amendment: "The "success of treatment in sanatoria as a means of "cure." There is no doubt the success of treatment is a means of hygienic training.

(*Dr. Latham.*) I should be inclined to leave out the word "cure" there.

(*Dr. McVail.*) That is introducing another element that we are not referring to: "Success of treatment "in sanatoria has no doubt in the past been adversely "influenced by 1, 2, 3, and so on."

(*Dr. Niven.*) A very great improvement.

(*Chairman.*) Is that agreed to?

AGREED

(Chairman.) Is 14 agreed to?

AGREED.

(Dr. Leslie Mackenzie.) Are you leaving 3 as it was or taking "continued"?

(Chairman.) "Admission 2, and continued treatment." On 15 I do not think there are any points.

(Mr. Willis.) On 15, was it not agreed that that classification should be put in the Appendix?

(Chairman.) The general classification is in the Appendix, and I think the best way of treating this, if it remains here, would be to put the heading in italics as part of the general principles of treatment. You see "General Principles of Treatment," and this would come in under that heading. I do not think that, speaking as a layman, it is instructive. Then the more detailed portions of classification of patients at present is in the Appendix.

(Mr. Willis.) But you propose to retain it in 15, dividing it into classes?

(Chairman.) Yes, but putting it "the general principles of treatment."

(Dr. Smith Whitaker.) I was going to ask that; would you mind striking out "so-called pretuberculosis"?

(Dr. Newsholme.) Sub-paragraph 2 of 15, "Cases of recent origin," I presume what is meant by that is cases of recent notice of symptoms; the origin might be ten years earlier.

(Dr. McVail.) Yes, that is quite right.

(Chairman.) "Cases of recent onset of symptoms."

(Dr. Smith Whitaker.) I think if you say, "of recent onset," it is shorter.

(Dr. McVail.) Are you to make the same change in 3?

(Chairman.) Gentlemen, we are now on section 17, page 10. There have been various amendments and suggestions sent in and, before discussing them, I would like to put before you some amendments of my own which meet some of the criticisms, some of the suggestions. If you will look to the "Chairman's amendments," you will find —

(Dr. Leslie Mackenzie.) Have we finished section 15, Mr. Chairman?

(Chairman.) I thought we had finished 15. Well, are there any points?

(Dr. Leslie Mackenzie.) There is only one little verbal point I would suggest; "this classification is necessarily imperfect, as some cases may undergo rapid change, and may later on be more properly grouped under another heading." I would suggest, "may have to be transferred from one class to another," "may subsequently have to be transferred from one class to another."

(Dr. Mearns Fraser.) I would suggest on 15, instead of putting "for the purposes of treatment" in the first line, "cases of pulmonary tuberculosis may roughly be divided in six classes for the purposes of this Report." This classification is only introduced. I take it, so that the cases may be discussed with clearness between the different classes of cases. I mean, there are a lot of people who object to this classification.

(Chairman.) As a matter of fact, I take it that the first sentence might be "Cases of Pulmonary Tuberculosis may roughly be divided into six classes."

(Dr. Mearns Fraser.) I would put it in, "for the purposes of this Report."

(Chairman.) All right, "for the purposes of this Report." Well, now, Dr. Leslie Mackenzie, you propose in the last paragraph?

(Dr. Leslie Mackenzie.) Instead of, "later on," "may be more properly cured and may subsequently have to be transferred from one class to another." It is the same idea.

(Chairman.) Anything else on 15?

After a pause,

(Chairman.) Well, 17. On the Government draft you have "The function of the Tuberculosis Dispensary should be to act as." I have an alteration which would make it read as follows: "The constitution of the Tuberculosis Dispensary and the variations that may be necessary to meet urban and rural conditions respectively are described in section 18, and

" in the Appendix in a general way the function of the Tuberculosis Dispensary should be to act as."

(*Dr. Leslie Mackenzie.*) "To serve as"?

(*Chairman.*) "To serve as" (1) Receiving house and centre of diagnosis, rather than "to act as"; it is the same thing.

(*Dr. Newsholme.*) Would it not be better to say: "In its complete form this function of the Dispensary." There are many modifications. In some districts none of these functions of a Dispensary would be needed, because they are already being carried out by some other organisation.

(*Chairman.*) We say in a general way.

(*Dr. Leslie Mackenzie.*) I would suggest under 3, Mr. Chairman, to say "Centre for curative treatment," "before or after such institutional treatment, if any, as may be necessary."

(*Chairman.*) But, if I may say so, that comes in where various functions are fully described; this is merely just the heading.

(*Dr. Leslie Mackenzie.*) Very good.

(*Chairman.*) The first paragraph. I have got an amendment down. You see on the paper the first sentence would read as follows: "To the tuberculosis officer patients will come or be sent by medical officers of health, medical practitioners, health visitors, and others in every stage of illness," instead of the existing. This was to meet various suggestions that were sent in.

(*Dr. Philip.*) Where is that, Sir?

(*Chairman.*) You will find it on the "Chairman's amendments," under section 17, the first paragraph.

(*Dr. Newsholme.*) With regard to that, Sir, I accept the wording as set out in your proposal, paragraph (1), but I should like to add a portion of what I proposed as an addition. I should like to add the following words: "If the utility of the Dispensary as a means of early diagnosis is to be secured, this work should, whenever practicable, be carried out in consultation with medical officers, the patients in such cases being referred to the care of these practitioners."

(*Dr. Latham.*) We do say that later on.

(*Chairman.*) That comes out as the correct interpretation of that paragraph.

(*Dr. Newsholme.*) May I ask where that comes in otherwise?

(*Chairman.*) General Medical Practitioners.

(*Dr. Latham.*) Section 25.

(*Chairman.*) They have got a whole section.

(*Dr. Newsholme.*) I quite agree with that. This might come in here as well; this statement is likely to be quoted; it ought to come in, unless you have a cross-reference.

(*Chairman.*) I honestly do not agree there; one cannot have cross-references all through the Report. We must imagine that the public, who want to criticise the Report, will read it as a whole and not take sentences or paragraphs out.

(*Dr. Newsholme.*) It is imperative that the general practitioner should co-operate to the fullest possible extent.

(*Chairman.*) Yes, but they cover the whole section.

(*Dr. Newsholme.*) And that co-operation should be kept in the foreground.

(*Chairman.*) But the sentence to be put before you now is:—

"To the Tuberculosis officer patients will come or be sent by Medical Officers of health, medical practitioners, health visitors and others in every stage of illness."

We specially drag them in here, and they get a whole section to themselves—25 I think it is.

(*Dr. Philip.*) May I point out that this first paragraph, that "The functions of the Tuberculosis dispensary should be to act as (1) Receiving house and centre of diagnosis." These features of the general practitioner's activity come up afterwards.

(*Dr. Latham.*) We have put it as the basis of the scheme this morning.

(*Mr. Henderson.*) We have had that debated, and we have just decided to make very special reference in the amended paragraph 16. I think it is a mistake to be constantly repeating the thing.

(*Dr. Newsholme.*) If it is the general opinion of the Committee that that is clearly understood, I do not

press the point, but it is a very important point, and the fractionless working of the scheme depends very largely on that being kept prominently before the public.

(*Dr. Smith Whitaker.*) May I make a suggestion, in the new draft paragraph 1, that the words "Health Visitors" should be omitted. It seems to me that it is a cause of very great irritation. The Health Visitors should act under the instruction of the Medical Officer of Health, and if she refers, it should be in pursuance of the Medical Officer of Health and whatever it is I suggest it is covered by Medical Officers of Health or by others; I do not think they should be specially mentioned.

(*Dr. Jane Walker.*) No.

(*Dr. McVail.*) Would it not be sufficient merely to add the three words in the print, "Will come or be sent at every stage of the illness" without putting anything else?

(*Chairman.*) There was another point in it. A Tuberculosis Officer in a rural district, where you have not actually a building, where he comes in a small village once a fortnight or once a week, patients will be sent to him.

(*Dr. McVail.*) I should approve of the Tuberculosis Officer coming in, but I think it would be enough to say to the Tuberculosis Officer, "patients will come or be sent in every stage of illness."

(*Chairman.*) Well, we put this in really to satisfy the Medical Officers of Health and the medical practitioners.

(*Dr. Smith Whitaker.*) If you do not mind, leave it, it does no harm.

(*Dr. Leslie Mackenzie.*) Does this mean medical practitioner in that particular case? We might have the Medical Officer of Health of the area being the head of the Tuberculosis Dispensary.

(*Chairman.*) Then the man would come, he would not be sent by himself.

(*Dr. Leslie Mackenzie.*) But it may have a special meaning in England, for example, where you have a County with a whole lot of Medical Officers of Health within the area; this means, I presume, that it is Medical Officers of Health who are not administratively connected with the Dispensary itself. It will certainly give rise to misunderstanding with us, because that looks as if this Dispensary were an independent organisation that a Medical Officer of Health did not have any more to do with than a private practitioner has. It might be so, but in a great many cases it will not be so. A Medical Officer of Health might be the administrative head of the Dispensary or in a combination there might be several.

(*Chairman.*) As far as I am concerned, I am quite willing to leave out "by Medical Officers of Health or Medical Practitioners." I merely brought them in to satisfy some of the criticisms that were suggested.

(*Dr. Leslie Mackenzie.*) It might raise less trouble.

(*Dr. McVail.*) "Come or be sent."

(*Dr. Leslie Mackenzie.*) It may be open to anybody to send a patient.

(*Dr. Smith Whitaker.*) "Come or be sent in every stage of the disease."

(*Dr. Niven.*) Yes, this does not contemplate that all cases should come to the Dispensary.

(*Dr. Leslie Mackenzie.*) There is one point, just the very point Dr. Niven is raising there, "Clearing house through which persons suffering from the various types of tuberculosis should be passed." There will be scores of cases where it is not necessary that they should be passed at all, where you can take a case directly from his home to a hospital. Will it not be enough to say simply "through which persons suffering from tuberculosis will pass"?

(*Dr. Paterson.*) That is my point; the Tuberculosis Officer again. It is not the Dispensary.

(*Dr. Niven.*) Well, but I object just as much to the Tuberculosis Officer necessarily endorsing all treatment as I do to the Dispensary.

(*Chairman.*) I must say I thought we agreed that they were all to go through the Dispensary. That was the object of having the Dispensary.

(*Dr. Smith Whitaker.*) I feel we are re-opening a subject we have settled.

(*Chairman.*) We have discussed this very fully, and I thought we had agreed upon it.

(*Dr. McVaill.*) Looking to the definition of Dispensary that we have reached, I think this should stay as it is, because the word "dispensary" is defined already as including a possible staff instead of buildings, and so on.

(*Dr. Smith Whitaker.*) I think what we took to be agreed on as fundamental, was that there should be some centre through which every case should be sent, and there should not be that oversight that Dr. Leslie Mackenzie has described. For the general purposes of the scheme it was desirable that you should have one general clearing house through which patients should be sent.

(*Dr. Leslie Mackenzie.*) Now it is made "Dispensary" or equivalent staff," my objection is not so strong.

(*Chairman.*) Section 3. There, again, you will find some alterations on my paper, which are somewhat considerable, so I had better read the whole section. Section 3 reads as follows: "A large proportion of cases of pulmonary tuberculosis, and some cases of other forms of tuberculosis, can be successfully treated in the patient's own home by the general practitioner, or by the Dispensary, or by the two in combination. For many of these cases the Tuberculosis Dispensary will be the centre of treatment." Now, this is where the alteration comes. "The cases so treated will usually be persons who may safely continue at their several occupations, whether at home or elsewhere. Treatment provided by the Dispensary will include not only general Sanatorium treatment, whether in the patient's home or in a shelter, but also more special methods, for example, treatment by tuberculin." That was drafted with a view to meet various suggestions that were sent in.

(*Dr. Jane Walker.*) May the first sentence end, "at the patient's own home," leaving out "by the general practitioner or by dispensary or by the two in combination."

(*Chairman.*) This will apply to "minor manifestations of tuberculosis in persons who are not seriously disabled and who may safely continue at their several occupations whether at home or elsewhere. Treatment provided by the dispensary will include not only general Sanatorium treatment, whether in a patient's home or in a shelter, but also more special methods, for example, treatment by tuberculin." These sentences are proposed to be deleted, and to substitute for them what is on the paper before you.

(*Dr. Jane Walker.*) I am referring to the first sentence.

(*Chairman.*) May I just take this amendment, and then I will come back to that? Is that agreed to?

AGREED.

(*Chairman.*) Then Dr. Jane Walker had a point.

(*Dr. Jane Walker.*) I thought, Sir, that the first sentence might advisably stop at "patient's own home," leaving out "by the general practitioner, or by the dispensary, or by the two in combination," as being unnecessary.

(*Dr. Latham.*) Dr. Newsholme wants to bring in the general practitioner again.

(*Dr. Newsholme.*) When we come to the paragraph relating to the general practitioner, Sir, I hope to make such suggestions as will obviate the necessity of introducing the general practitioner at every stage; now, therefore, I am not pressing that point at present.

(*Dr. Jane Walker.*) I think it makes it better; it is really unnecessary.

(*Dr. Mearns Fraser.*) If you keep it in, surely you ought to put "by the general practitioner," or "by the Dispensary Officer," not by the doctor, and then by an institution.

(*Chairman.*) I think the feeling is that it might come out.

(*Several Hon. Members.*) Yes.

(*Dr. Latham.*) On the question of successfully treating, I do not know whether you mean successfully from the point of view of administration, or whether we can cure a large proportion of cases of pulmonary or tuberculosis cases. I am not quite sure whether we ought not to leave out "successfully" and say "adequate."

(*Chairman.*) Leave it out altogether.

(*Mr. Willis.*) I suppose what we mean is "efficiently treated."

(*Chairman.*) Well, if we put, "can be treated."

(*Mr. Willis.*) If Dr. Addison or Dr. Latham raise any question, that efficient treatment can be given to a large proportion of cases, then I think it is a misleading paragraph altogether. It surely is meant to say that a large proportion of these cases can be properly and adequately and efficiently treated.

(*Dr. Latham.*) I thought the word "successfully" might be open to another interpretation. It might lead people to say you can cure an overwhelming proportion. Some of us think we can cure an overwhelming proportion in their own homes.

(*Mr. Willis.*) Would you say "properly treated"?

(*Dr. Latham.*) "Adequately" would meet the case.

(*Dr. Smith Whitaker.*) Or "suitably" is the best word.

(*Dr. Niven.*) Dr. Latham's remarks seem to imply that these other cases could be successfully treated in a sanatorium.

(*Dr. Latham.*) No, no.

(*Dr. Niven.*) Although they might not be successfully treated in a home, I do not think that "adequately" is a right word.

(*Dr. Latham.*) My view is, that there are limitations to any form of treatment, but you do not make room for those limitations when you use the word "successfully."

(*Mr. Willis.*) I am not sure that it would not be advisable to put in some general words in the Report that there are limitations.

(*Dr. Leslie Mackenzie.*) I want to raise a point; it says, "These persons will be classified by the tuberculosis Medical Officer in charge of the dispensary." In the next sentence it says, "Thus, the Tuberculosis Officer must necessarily be in the closest touch." I presume we mean the Tuberculosis Officer all through. It might be as well not to call him Tuberculosis Medical Officer.

(*Chairman.*) Yes.

(*Dr. Leslie Mackenzie.*) And the "Tuberculosis Officer in charge of the Dispensary,"

(*Dr. Paterson.*) The first line in that paragraph it says, "Tuberculosis Dispensary." It should be "Tuberculosis Officer." It is so in the one above; make it the same through the Report.

(*Dr. Mearns Fraser.*) You cannot make the Tuberculosis Officer a clearing house.

(*Chairman.*) What are you on, Dr. Paterson?

(*Dr. Niven.*) Cut out, "in charge of the dispensary."

(*Dr. Paterson.*) It is all right.

(*Chairman.*) There is one point as the result of a memorandum which was sent in, and that was about Dentists, whether it was necessary to make some provision for treating patients, seeing that their teeth and their mouths were in a satisfactory condition and this has arisen. A memorandum has come in since our last meeting; I was only able to consult one or two members privately; I wanted to put it before the Committee and to ask them their opinion whether it is necessary to make provision for dental examination in certain cases. If so, it is difficult to say exactly where it fits in. I have been through the Report two or three times to find the most suitable place, and this is as good, probably, as any other place. There are two alternative ways of putting it: one is, "The Dispensary will also make such arrangements as may be necessary for the provision of dental treatment," as a separate sentence at the end of paragraph 3; and the other is, "Reference may here not inappropriately be made to the importance of having the teeth and mouths of patients in a satisfactory condition. The Committee are of opinion, that it is advisable to make arrangements with dental practitioners for providing treatment for certain cases." You see it only says that it may be necessary in certain cases.

(*Dr. Leslie Mackenzie.*) It is always necessary.

(*Dr. Paterson.*) I should go further, and say that persons going to a sanatorium should not go till their teeth are in order, because bad teeth is the cause of chronic indigestion, and, in my opinion, debilitating the general health makes the patient much more liable to tuberculosis, and, if you do not remove the cause of the patients getting tuberculosis, it is absurd sending them to a sanatorium. I would sooner have a

patient without a single tooth in his head in a sanatorium, than I would have him in with a lot of decaying teeth.

(*Chairman.*) Then, do these words meet you; the second one, I think, was yours?

(*Mr. Stafford.*) Ought this not to come in in the treatment of school children?

(*Dr. Latham.*) Is it the second one you are taking? Might we have it read again; it seems to me rather strong?

(*Chairman.*) It would come in under 3 as a separate paragraph. "Reference may here not inappropriately be made to the importance of having the teeth and mouths of patients in a satisfactory condition. The Committee are of opinion, that it is advisable to make arrangements with dental practitioners for providing treatment for certain cases."

(*Dr. Latham.*) I should like to suggest that it is of great importance, and that it is desirable.

(*Dr. Mearns Fraser.*) It is most desirable, I think.

(*Mr. Stafford.*) Is not this a portion of the treatment at schools; does it not arise under that heading?

(*Chairman.*) No, no, this affects adults.

(*Mr. Stafford.*) Adults as well?

(*Chairman.*) As well.

(*Dr. Philip.*) Are you not overloading the dispensary? Could not this come up at the end of the Report with several other things that you set aside for the end? As Dr. Niven sets out, it is not essential that this should be done through the dispensary.

(*Dr. Niven.*) If the words were missed out.

(*Chairman.*) Then, it cannot come in here, you say. I was merely trying to put it in so as to alter the general report as little as possible, and I should have thought whoever was in charge of the dispensary should not necessarily give the dental treatment in the building, but make the arrangements in suitable cases. All the cases would come to him.

(*Dr. Niven.*) It would very often be done through the dispensary. Why put the words in, "through the dispensary"? They could quite appropriately be left out.

(*Dr. McVail.*) I am not quite clear about the words on the fifth line of No. 2.

(*Chairman.*) May I come back to that?

(*Dr. Mearns Fraser.*) We think it most important that arrangements should be made for the treatment of the teeth in necessary cases, as you read it almost, only you make it a little more emphatic.

(*Dr. Niven.*) It is a very necessary thing.

(*Dr. Latham.*) Unless you are to make your dispensary a clearing-house, surely you are to make this arrangement through your dispensary, and I take it anybody who has anything to do with tuberculosis regards it as one of the first things to be done with any given patients, that his teeth should be put in order. It is an essential part of the treatment.

(*Dr. Mearns Fraser.*) At the Portsmouth dispensary this is already done. We have a lot of tickets for dental hospital treatment, surgical aid, false teeth supplied; it is done entirely through the dispensary.

(*Chairman.*) Is it strong enough? I just wanted to know, because I gathered from one or two remarks that it was not so considered. The Committee are of opinion, "Reference may here not inappropriately be made to the importance of having the teeth and mouths of patients in a satisfactory condition. The Committee are of opinion, that it is advisable to make arrangements with dental practitioners for providing treatment for certain cases."

(*Dr. Jane Walker.*) "Is most desirable."

(*Dr. Paterson.*) It wants one thought there. I know what happens in Brompton; they get hold of a man who is half dead with tuberculosis, and pull all his teeth out. I do not think it is fair. If you are to cure your patient, go on pulling his teeth out; but if you are only going to patch him up for a few months, let him die in comfort.

(*Chairman.*) I put at the end, "treatment for certain cases"; it is not making it for everybody.

(*Dr. Paterson.*) I want it to be very firm when we come to sanatorium.

(*Chairman.*) Now, then, on 2.

(*Dr. McVail.*) I want to be quite clear as to what position we have reached in regard to line 5 in (17) 2:

"These persons will be classified by the tuberculosis medical officer in charge of the dispensary." Am I right in thinking that we have agreed to make it read in this way: "These persons will be classified by the tuberculosis officer who should have some beds," leaving out "in charge of the dispensary"?

(*Chairman.*) No.

(*Dr. McVail.*) You see in Scotland the tuberculosis officer may be acting quite independently of the dispensary. We have been assuming that sometimes the tuberculosis officer really is the dispensary, and it seems a duplication of phraseology to put in "medical officer in charge of the dispensary," when in a country district he may be acting directly without any building or office at all.

(*Chairman.*) Well, you could put it: "connected with the dispensary"; that would meet your point; they must all be connected.

(*Dr. Leslie Mackenzie.*) My point was that a tuberculosis medical officer in charge of the dispensary is meant to be the same person as you mentioned in the next sentence, "thus the tuberculosis officer must necessarily be in the closest touch," it is meant to be the same man.

(*Chairman.*) Would you agree "by the tuberculosis officer connected with the dispensary"?

(*Dr. Leslie Mackenzie.*) Yes.

(*Dr. Newsholme.*) I think it is redundant.

(*Dr. Leslie Mackenzie.*) He may not have a dispensary.

(*Dr. McVail.*) Looking to the way we have defined "dispensary" as possibly consisting simply of a staff and officer, the tuberculosis officer in charge of the dispensary might read: "the tuberculosis officer in charge of the tuberculosis officer."

(*Chairman.*) No, but I mean "connected with"; he has to be connected with the central dispensary.

(*Dr. McVail.*) He may be a dispensary himself.

(*Chairman.*) Then he is obviously connected with it. But I mean apart from that; he has a bureau; he cannot carry the things in his pocket; he has to have some central dispensary where he sends these things; it may be only a room, therefore he would be connected with the dispensary.

(*Dr. Leslie Mackenzie.*) He may visit the cases in their own homes.

(*Chairman.*) Well, he would still be connected. These schedules of cases and sheets which are mentioned he cannot carry about in his pocket.

(*Dr. Leslie Mackenzie.*) Oh, yes.

(*Dr. McVail.*) Then if he has a room, I understand we have decided that the room shall not be regarded as the dispensary but the man. Dr. Paterson has been emphasising the importance of the individual.

(*Dr. Leslie Mackenzie.*) I think we might leave out "in charge of the dispensary," if you mean the same person by it.

(*Chairman.*) Surely, Dr. McVail, you would admit that he must have a room where he keeps his case sheets.

(*Dr. McVail.*) Surely.

(*Chairman.*) Well, that is a dispensary or sub-centre, or a branch dispensary, therefore if you put in the words "connected with the dispensary."

(*Dr. Niven.*) That is degrading the dispensary, surely.

(*Dr. Smith Whitaker.*) It seems to me, Sir, the reason for keeping those words in is that they link up the tuberculosis officer in this light with the words "tuberculosis dispensary" in the first line, otherwise they would wonder what tuberculosis officer you are talking about, and as to these exceptional abnormal cases in which there is no dispensary, we could leave those to look after themselves.

(*Dr. McVail.*) That is entirely an assumption that they are exceptional.

(*Chairman.*) Well, the sentence now reads: "these persons will be classified by the tuberculosis officer connected with the dispensary who should have some beds," &c.

AGREED.

(*Chairman.*) On 4. Are there any points on 4? It is suggested to leave out the last paragraph; that has been suggested by one or two.

(*Dr. Jane Walker.*) Yes.

(*Chairman.*) On 4, page 11.

(*Mr. Willis.*) Yes, I should omit that.

(*Dr. Addison.*) Why?

(*Dr. Paterson.*) Because it is the duty of the medical officer of health to go to their homes; if he does not, he ought to be made to go; he has to go by law now.

(*Dr. Latham.*) You do not want them to be visited by half-a-dozen.

(*Dr. Addison.*) Quite.

(*Dr. Newsholme.*) He has a statutory duty; you do not want two people to do the same work.

(*Dr. Addison.*) We are now talking about his statutory duty.

(*Dr. Niven.*) We have stated that tuberculosis is liable to come to this dispensary, to be found there, to arrive without any notification, and it need not follow that it is phthisis. On other grounds I submit it is unnecessary.

(*Dr. Paterson.*) Surely, if a case of tuberculosis goes to the dispensary they are bound by law to notify it.

(*Dr. Niven.*) Not tuberculosis; phthisis they are bound to notify.

(*Dr. Addison.*) We understood that the main contention of several members here present has been that we ought to give all this information to the sanitary authorities wherever it is obtained; we are only saying how important it is; I cannot see any objection to it.

(*Dr. Niven.*) That is definitely put under the sanitary administration, but there is no need for this.

(*Dr. Leslie Mackenzie.*) Might I suggest, if you are keeping the paragraph, that instead of saying, "the information obtained through the dispensary will, of course, be placed at once at the disposal of the sanitary authorities," that should read: "will be referred to the appropriate departments of the sanitary authority."

(*Dr. Mearns Fraser.*) I think I should leave the paragraph out.

(*Mr. Willis.*) Do you not think we ought to begin by saying, "in the exceptional instances in which the tuberculosis officer is not an officer of the local authority information —"

(*Chairman.*) No, that is going back on many discussions.

(*Dr. McVail.*) I think Dr. Mackenzie's suggestion —

(*Mr. Willis.*) If it has not been agreed by this Committee that these dispensaries are to be organised and run by the local authorities, I do not know what has been agreed. It seems to me that the Committee agree that perfectly definitely, and whenever one wants to follow that out, one is always met with the challenge, that it is going back on something that has been decided. I am perfectly willing to discuss that point whether the local authorities shall or shall not organise.

(*Dr. Newsholme.*) In other words, the last sentence of section 4 is redundant for ordinary circumstances, for most cases, but in the exceptional case where the tuberculosis officer, for instance, the tuberculosis officer of the Paddington dispensary—which is a voluntary institution—is not an officer, then he should intimate to the medical officer of health anything he finds.

(*Dr. Niven.*) Quite, only he might be an officer of a combined area for the county or for several counties combined if they are small counties.

(*Dr. Newsholme.*) It is part of his duty as a subordinate officer.

(*Mr. Willis.*) We have said in regard to Wales, we do not expect normally that the local authority shall naturally run these things, but we have proposed to say as regards England, that ordinarily, we shall look to the local authorities to organise, not only the dispensary, but also the second unit, and, if they organised it this tuberculosis officer must be an officer of theirs.

(*Dr. Addison.*) What are you to gain by knocking this out?

(*Mr. Willis.*) Only this, that as the paragraph stands in the Report it rather suggests that this dispensary organisation is something quite apart from local authorities.

(*Dr. Addison.*) I do not think it suggests anything of the kind.

(*Mr. Willis.*) Well, it does to me.

(*Dr. Addison.*) Does it?

(*Mr. Willis.*) Certainly.

(*Dr. Addison.*) Because we explicitly go in for all that later on.

(*Dr. Newsholme.*) Then it is redundant, surely, *Dr. Addison.*

(*Dr. Addison.*) I do not think so; we are only emphasising our conviction that wherever the information is obtained it should be at the disposal of the sanitary authorities.

(*Mr. Willis.*) It suggests that the information which is obtained by a servant of the corporation should be placed in the hands of the local authority of whom he is a servant seems to me rather a contradiction in terms.

(*Dr. Addison.*) It may occur that he may not be a servant.

(*Dr. Smith Whitaker.*) You are assuming it is the Tuberculosis Officer; it may be the general practitioner who is acting in co-operation with the Tuberculosis Officer. In fact, our idea is that it is unnecessary for the Tuberculosis Officer to go and see all these cases for diagnosis except in consultation.

(*Dr. Niven.*) It is not necessary to put in the words "through the dispensary." "Through the dispensary" might come out and that puts it quite right.

(*Dr. Leslie Mackenzie.*) Might I suggest in that case the information obtained, instead of saying "will be placed at the disposal," and so on, "will be referred to the Appropriate Department of the Sanitary Authority." It seems to me that covers every possibility both of an independent dispensary, which might happen, and of an official dispensary which nominally would have information obtained, will be referred to the Appropriate Department of the Sanitary Authority.

(*Dr. Niven.*) Quite, that is it.

(*Dr. Leslie Mackenzie.*) It is open to anybody to do that.

(*Chairman.*) On 5 there is only one suggestion, I think, and that is on the second paragraph. Mr. Clarke reminds me that this has been to a certain extent altered since it was before you in the previous draft, therefore I hope the members will read it carefully.

(*Dr. Paterson.*) I should like to add on to that, that when you are in a railway carriage and anyone brings out a Sputum flask that you are far safer than when he does not bring it out, because one of the greatest troubles with people who have been in a Sanatorium is that they say the moment they use their flask everyone runs away from them, and you cannot get after care if they have to hide that they have got Sputum flasks.

(*Dr. Latham.*) It comes into the education.

(*Dr. Jane Walker.*) That is education.

(*Dr. Paterson.*) It is after care; giving them a chance.

(*Dr. Niven.*) They must be taught to dodge.

(*Chairman.*) The amendment that I have to suggest to you is that the words "in apparently cured persons" should be omitted from the second paragraph, so that the sentence would now run, "Unless after care is efficient and systematic the spirit of the disease will not be checked and cases of relapse will be more frequent," &c. Are there any other points on 5?

(*Dr. Niven.*) I do not like the wording to be exaggerated.

(*Dr. Jane Walker.*) Do you not think that sentence might stop at "frequent"? There is really no object in saying, "with the result that large and unnecessary calls will be made on the funds available," because that is not really our point, is it?

(*Dr. Latham.*) Yes, it is our point.

(*Chairman.*) It is to make them realise the importance.

(*Dr. Niven.*) It is rather important in relation to the Public Health all this, because why should it be to the dispensary? Of course if the dispensary is under the Public Health that has a right to take those cases in which a number of places combined and separate Medical Officers of Health. Under this arrangement the Medical Officer of Health would know nothing about the passage of these people, and it is to him that

the chief functions belong of looking after them after they come back from the Sanatorium.

(*Dr. Smith Whitaker.*) Surely, Sir, the fears of Dr. Niven are quite unfounded. This Tuberculosis Officer is partly an Officer of the Local Authority. In fact, you may say he is to be an Officer of the Local Authority. He is allowed also for certain purposes to discharge duties towards the Insurance Committees. To that extent they are partners, but he is definitely the Officer of the Local Authority, even though he has duties to other people, and therefore the Public Health Department is related to the whole matter closely and intimately.

(*Dr. Niven.*) Yes, but I am giving you instances in which he is not an Officer of the Local Authority, and where he is an Officer of the Local Authority he has to be placed in that special relation to the Advisory Committee. Now I have ventured to refer to the experience of all persons who have got to deal with administration. Say that under these circumstances there is a considerable risk that the necessary information will not be passed from one Department to the other. I think it should be definitely stated here "with the view to render after-care attention that these patients on discharge from the several Institutions should be reported to the Medical Officer of Health and again referred to the dispensary." I think it is very necessary. We at present get reports of all these cases that we send in to the Sanatorium which we might not any longer.

(*Dr. McVail.*) That is expressly putting in what you have tried to resist, namely, keeping the Medical Officer of Health and the dispensary separate.

(*Dr. Leslie Mackenzie.*) Yes, I quite agree.

(*Dr. Niven.*) Yes, I know.

(*Dr. McVail.*) It is far better as it is. We have defined the relation of the Medical Officer and the dispensary; what is the reason for thinking it will not be adhered to?

(*Dr. Mearns Fraser.*) By whom will the work of after care be carried out? I attach very great value to an after-care Committee.

(*Chairman.*) There is a great deal in the appendix.

(*Dr. Mearns Fraser.*) Is any care Committee anticipated?

(*Chairman.*) It is put very fully in the appendix. This is briefly the functions of the Tuberculosis Officer.

(*Dr. Mearns Fraser.*) It would simply meet my point if you put in the fifth line, "which in conjunction with the general medical practitioners and any voluntary care committee."

(*Chairman.*) "And any voluntary Care Committees."

(*Dr. Mearns Fraser.*) "And any voluntary Care Committees."

(*Chairman.*) Now, on this Dr. Leslie Mackenzie has a point to raise.

(*Mr. Davies.*) I wish to move the amendment in paragraph 6, after the second sentence to insert: "The Committee are of opinion that Medical Officers of Health should be empowered to report to and supply the Dispensary with all their records of notification, and such other facts bearing on tuberculosis as may come within their knowledge." I think that matter was discussed at a previous meeting of the Committee.

(*Chairman.*) Yes.

(*Mr. Davies.*) I understood the feeling then was that the Medical Officers of Health were not empowered by Statute to disclose any information with regard to notification to a Tuberculosis Officer, and all this Committee could do would be to recommend that they should be empowered to notify, to give all this information to the Tuberculosis Officer. I quite see that that again brings up this point which has been debated all the time in this Committee, as to whether the Tuberculosis Officer is to be part and parcel of the Staff of the Medical Officer of Health. I did not know before that that matter had been definitely settled. I understood several gentlemen to say just now that the Committee had definitely decided that the Tuberculosis Officer was to be a part of the Staff of the Medical Officer of Health. Of course if that is so, then this amendment is unnecessary.

(*Dr. Smith Whitaker.*) That is not what has been agreed. What we understood was agreed was that it

is to be connected with the Local Authority, but not necessarily that the Tuberculosis Officer is to be a subordinate Officer to the Medical Officer of Health. We have avoided that all through. We have said he is to be attached to the Local Authority, but not necessarily that he is to be subordinate to the Medical Officer of Health.

(*Dr. Niven.*) The whole thing is thrown into confusion. You cannot administer upon those lines. It is understood for one purpose that he is not to be independent, and for another purpose —

(*Mr. Willis.*) It was accepted, as I understand, that for clinical purposes he was to be independent. We had a very long discussion on this; I could turn that up if you like. We simply limited it to that; he was to be appointed by the Local Authority and he was to be independent for clinical purposes.

(*Dr. Smith Whitaker.*) As to the internal management.

(*Dr. Addison.*) What is the use of arguing this over and over again on every paragraph? We have specifically dealt with this. We argued it, and defined that this man should be clinically independent. Why not save our fire till we get there?

(*Mr. Willis.*) I would like to remind Dr. Addison that it was pointed out at our last series of meetings that although we had come to that decision, there were a lot of catches throughout our draft Report that were inconsistent with that view, and in preparing a revised draft this should be kept in view and altered. I understood you to say we were constantly going back.

(*Dr. Addison.*) I did not say you.

(*Mr. Willis.*) I beg pardon. I think all it comes to is this, that some of us think that some of these little catches here and there which ought to have been altered have not been, that is all, rather to make the thing consistent. I quite agree that it is not necessary to keep on discussing these things.

(*Chairman.*) What is your point, Mr. Davies?

(*Mr. Davies.*) As to these cases, where the Tuberculosis Officer is not part and parcel of the Staff of the Medical Officer of Health that we should recommend the Medical Officer of Health should notify him of cases which come within his knowledge. It seems rather futile that this Tuberculosis Officer should be looking out for tuberculosis cases when the information is already in possession of the Medical Officer of Health. I do not see that there would be any grave difficulty in recommending, if it is at present legally impossible for him to do so, that we should go so far as to recommend that he should be empowered to give this information to the Tuberculosis Officer.

(*Chairman.*) May I suggest that that is met by the first sentence of 2, Clearing House, and Centre for Observation; when the diagnosis has been made the Tuberculosis Dispensary should serve as a clearing house through which persons suffering from the various types of tuberculosis should be passed whatever the form of the disease and whatever authority or person responsible for meeting the expense of the treatment.

(*Mr. Davies.*) What page is that on?

(*Chairman.*) On page 10.

(*Dr. Paterson.*) I do not think that is Mr. Davies' difficulty. He says the Medical Officer of Health gets a case, no doubt, and take the Dispensary Dr. Newsholme mentioned, Paddington Dispensary, that case goes on. Now, that man can be completely kept in ignorance of all the information the Medical Officer of Health has. He does not want to give it to him, that is your point.

(*Dr. Meredith Richards.*) Surely this is absolutely necessary in several cases. One-tenth of the cases are very unsuitable for notification to the Tuberculosis Officer. I should be liable to an action-at-law if I sent that case on, and I should object to do so.

(*Dr. Newsholme.*) May I point out that Mr. Davies' point is entirely met by the fact that whether the Tuberculosis Officer is subordinate to the Medical Officer of Health or not, if, as recommended in this Draft Report, the Tuberculosis Officer is an officer of the local authority, then he is quite entitled to have every notification handed over to him under the Tuberculosis regulations, because under the Tuberculosis regulations it sets out that the Medical Officer of Health or the officer acting under the instructions

of the Medical Officer of Health shall make any such inquiries in regard to every notified case, so that the object of Mr. Davies's Resolution is met by the present Regulations in force, except in the exceptional case, which I illustrated, of the Paddington Dispensary, which is a voluntary institution. Where it is an official institution the object asked for in Mr. Davies's Resolution is entirely met at the present moment.

(*Dr. Paterson.*) What do you suppose is going to happen to the Paddington Dispensary?

(*Dr. Newsholme.*) I am not prepared to forecast.

(*Dr. Paterson.*) He cannot go on if he does not get it.

(*Dr. Newsholme.*) The Paddington Medical Officer of Health will deal with all notified cases. The Paddington Medical Officer of Health is not entitled, in fact he is forbidden to let the Tuberculosis Officer of the Paddington Dispensary know about cases which are not within the *clientèle* of that dispensary.

(*Dr. Niven.*) I would like to ask as to the position of a Medical Officer of Health supposing he has an assistant, is he bound to communicate to the assistant all cases that are notified to him as Medical Officer of Health? Is that what I understood?

(*Dr. Newsholme.*) He is not bound; he can go personally.

(*Dr. Niven.*) But he may.

(*Dr. Newsholme.*) He may; he is authorised by these regulations.

(*Dr. Niven.*) And he is only entitled to do so if this man is his assistant.

(*Dr. Newsholme.*) No; he is only entitled to do so if this man is an officer of the authority.

(*Dr. Leslie Mackenzie.*) A private outside organisation.

(*Dr. Newsholme.*) He is forbidden to do it.

(*Mr. Willis.*) I think for myself that Mr. Davies's point can be met by the Local Authority making the outside man their Officer for this purpose. It can be met in that way. The man can serve the Local Authority and he can also serve the other organisation, the two just as we are thinking. The Tuberculosis Officer will be able to serve the Insurance Committee and the Sanitary Authority.

(*Mr. Davies.*) I understand that will be a way of getting out of the legal difficulty.

(*Mr. Willis.*) I think so.

(*Chairman.*) Dr. Newsholme, you have an amendment on this; delete the first sentence.

(*Dr. Newsholme.*) I think, Sir, that the first sentence is unnecessary and incorrect. The Tuberculosis Officer can only be the centre of clinical information. The Office of the Medical Officer of Health, as the head of the Public Health Department, is the centre of information not only as regards patients attending the Dispensary, but also much more extensive and more complete information with regard to other cases of pulmonary tuberculosis in the sanitary area, and the latest statistics regarding other diseases and the only centre is the Public Health Centre of the whole district. I think, therefore, the first sentence is incorrect.

(*Dr. Latham.*) Would not your objection be met by deleting the words "regarding the distribution of tuberculosis in the given area"?

(*Dr. Newsholme.*) That is my second proposal, which comes on later. That ought to be deleted. If you go on and read the third sentence "these facts and statistics"—this is my amended form—"these facts and statistics should be collected upon a uniform system." Then, I had in manuscript, "and should be related to the more extensive information obtained by the Medical Officer of Health in connection with the compulsory notification of all cases of Pulmonary Tuberculosis and in connection with general Death and Sickness returns of the community." "It is part of the duty of the Medical Officer of Health to 'inquire into and to ascertain 'the cause, origin, and distribution of diseases of 'his district,' and to report fully on the facts ascertained by him. All the information thus collected should be at the service of those engaged in research." The statistics of the Dispensary, apart from other tuberculosis statistics, and apart from the wider statistics of the whole area. It is attempting

to get complete information with the most incomplete statistics.

(*Dr. Niven.*) I would suggest, in pursuance of what Dr. Newsholme has said, that after the words "Tuberculosis Dispensary" should come "taken in conjunction with other bodies concerned in the carrying out of the scheme."

(*Dr. Smith Whitaker.*) May I ask whether Dr. Newsholme and Dr. Niven are not going back on this? They are persuading us very vigorously that this Tuberculosis Dispensary is to be a part of the Public authority. We have had that emphasised at every turn, and now they are objecting to a mere specialisation of function within the office of the public authority. All we are suggesting is that the Tuberculosis dispensary should be that department of the Public authority to which people should turn for information and guidance on questions of Tuberculosis.

(*Dr. Newsholme.*) And that is what we object to. They would not turn to that subordinate section of the public health administration. They would turn to the Medical Officer of Health, who has all this information regarding the other diseases.

(*Mr. Stafford.*) Will it meet you if we took out the words "in any side of the subject"?

(*Dr. Niven.*) No, I do not think that does meet the point.

(*Dr. Newsholme.*) The Annual Report of the Medical Officer of Health and the periodical Report of the Medical Officer of Health would be the documents to which people interested in public health and the many aspects of Tuberculosis would turn for clinical records. They may wish to search the records of the dispensary, but that is a very small part of the whole problem; it is not the public health problem.

(*Dr. Philip.*) I think Dr. Newsholme is speaking of experts who are anxious to get scientific information regarding the distribution. What is aimed at here is one of the most valuable aspects of Tuberculosis activity to which the man in the street, the ordinary citizen, can direct his inquiry, who is interested in the patient or the disposition of certain cases, who wants to go to the headquarters of the Tuberculosis organisation, so far as the clinical aspect is concerned, and asks: What am I to do?

(*Mr. Willis.*) Is not that met in paragraph 1?

(*Dr. Philip.*) No; that is, as far as patients are concerned. This is the centre towards which the citizen and the man in the street can turn and say: I want your advice as to what I shall do in such and such an issue.

(*Dr. Niven.*) If that is what is intended let it be said.

(*Dr. Philip.*) It seems to me you cannot say it in more clear terms.

(*Dr. Niven.*) Yes; you can put in the word "clinical."

(*Dr. Philip.*) The sentence reads at present: "The Tuberculosis Dispensary should constitute a centre towards which persons interested in any side of the subject may turn for information and guidance."

(*Dr. Niven.*) "For clinical information and guidance."

(*Dr. Philip.*) Well, knock out, if you will, "in any side of the subject."

(*Mr. Stafford.*) Knock out "in any side of the subject."

(*Dr. Philip.*) Do not put in the word "clinical," Sir, because the ordinary man in the street does not understand the word "clinical."

(*Dr. Latham.*) Besides, "Dispensary" is a much more accessible thing than "a Medical Officer of Health."

(*Dr. Newsholme.*) On the contrary; I maintain that, as a rule, the Tuberculosis Officer will not be free to talk about clinical details to the outside public; he will be divulging medical secrets. It would be highly improper that he should be giving information about private patients to outside people.

(*Dr. Philip.*) It is not a question of divulging facts about private patients, but a private citizen—the man in the street—wants to know what he is to do in certain circumstances; he is not to try and worm out secrets from the medical officer.

(*Chairman.*) As it is the words read: "The Tuberculosis Dispensary should constitute a centre towards

" which persons interested in any side of the subject may turn for information and guidance. In the course of time the Tuberculosis Dispensary will accumulate clinical facts and statistics by the careful records on the case sheets and schedules." Leave out " regarding the distribution of Tuberculosis in the given area."

(*Dr. Philip.*) Why?

(*Dr. Leslie Mackenzie.*) I have an amended form of that second sentence to offer, Mr. Chairman.

(*Chairman.*) Is the first sentence agreed to; leaving out " in any side of the subject " ?

AGREED.

(*Dr. Newsholme.*) I do not personally agree, but I reserve any further observations upon it. It will depend on my reading of the subsequent draft whether I shall finally agree to that. At present I think it out of focus and not properly related to the Public Health Administration.

(*Dr. Mearns Fraser.*) Might we hear Dr. Newsholme's amendment again?

(*Dr. Latham.*) You would agree to it if the paragraph relating to the medical officer of health were inserted.

(*Dr. McVail.*) Would it not keep the matter right if after the word "dispensary" we added as "already defined"? "The tuberculosis officer as already defined." I think that really covers it.

(*Chairman.*) Well, now, on the second sentence; is there anything on that?

(*Dr. Leslie Mackenzie.*) I would suggest, if I might, that that should read as follows; instead of "in the course of time the tuberculosis dispensary will accumulate clinical facts"; "in the course of time by the careful records on the case sheets and schedules an accumulation of clinical facts and statistics the tuberculosis dispensary should prove of great service in the investigation of tuberculosis problems in the given area."

(*Chairman.*) That is rather in a difference sense. The idea, as I understand it, is "should prove of great service to the whole country."

(*Dr. Leslie Mackenzie.*) In the investigation of tuberculosis problems the point is you want to show that that will be a place where the filling of schedules and the clinical study will result in the accumulation.

(*Chairman.*) Surely, that is met by the sentence as it now stands.

(*Dr. Leslie Mackenzie.*) It makes the tuberculosis dispensary the main accumulator of clinical facts and statistics.

(*Chairman.*) So it will be.

(*Dr. Niven.*) No, it cannot possibly be; not at all.

(*Dr. Leslie Mackenzie.*) That is Dr. Newsholme's whole point, that you are really superseding the statistical functions of the medical officer.

(*Chairman.*) But after all the medical officer of health will have to get his facts from the dispensary; they are accumulating them there.

(*Dr. Leslie Mackenzie.*) As far as they go.

(*Dr. Niven.*) That is very limited matters that he will get his facts from the dispensary. What he gets from the dispensary is necessary with what he gets from other sources.

(*Chairman.*) Which other sources?

(*Dr. Niven.*) Through notification and the inquiries of his own officers.

(*Dr. Newsholme.*) And through the death returns

(*Dr. Niven.*) Again, through the death returns.

(*Chairman.*) Clinically, surely the people go to the dispensary. In one of the previous sentences; that is where the facts are to be accumulated which will be passed on to the medical officer of health.

(*Dr. Niven.*) As a clinical centre this is to be very important, but it is purely a clinical centre for clinical information and guidance.

(*Dr. Latham.*) What are you to have in the cases of pulmonary tuberculosis if you have no records in your dispensary?

(*Dr. Newsholme.*) We have already a very large number of records in regard to them. All the deaths from all tuberculous diseases are known to the Medical Officer of health, tabulated by him and investigated by him.

(*Dr. Latham.*) Only the deaths; there is no objection to having further information while the people are alive?

(*Dr. Newsholme.*) Not at all.

(*Dr. Latham.*) You can only get it at the dispensary.

(*Dr. Newsholme.*) That is covered by the fact that the dispensary is in the Public Health Department.

(*Dr. Niven.*) You cannot get it from the dispensary; it has only a limited proportion of them; it has a higher proportion in Edinburgh. It is not so sure you will get the same proportion anywhere else.

(*Dr. Addison.*) The medical officer of health has not the clinical facts. If a man wants to know what is the type of the particular case—the clinical records in that particular case—he will turn to the clinician who has examined the case, not turn to the records in the office.

(*Dr. Niven.*) He has most of the clinical facts at present.

(*Dr. Smith Whitaker.*) I do not think Dr. Niven has accepted the scheme of this Report at all. The scheme of this Report is that the tuberculosis dispensary is to be the general clearing-house, therefore it will have the clinical facts of the whole area. If you have a big district in which it is not serving the functions of a general clearing-house, Dr. Niven's argument would apply.

(*Dr. Niven.*) Why not put in the word "clinical"; that would meet me?

(*Chairman.*) It is in.

(*Dr. Niven.*) For clinical information and guidance in the first sentence; I have no objection to that.

(*Dr. Newsholme.*) If that is put in, that at once meets the point; they know nothing except about clinical facts.

(*Dr. Niven.*) That meets Dr. Smith Whitaker; we are quite at one.

(*Mr. Davies.*) Surely, it is the business of the Dispensary and the Medical Officer of Health to get all the facts they can, and I should have thought there would have been no objection to putting these words in.

(*Dr. Meredith Richards.*) Leave out "the Tuberculosis Dispensary" and say "clinical facts and statistics will be accumulated." That meets everyone; it does not tie anyone down.

(*Chairman.*) This has been put down for a certain definite purpose.

(*Dr. Niven.*) You could insert the word "clinical" before "information and guidance." It seems to bring us together.

(*Dr. Philip.*) No, it does not.

(*Dr. McVail.*) I think, myself, that this discussion could be saved by adapting Dr. Leslie Mackenzie's amendment, which I think has been forgotten.

(*Dr. Jane Walker.*) I think so, too; I think it is much the best reading of that sentence.

(*Chairman.*) But Dr. Leslie Mackenzie's is the same as this, only he says, "the information will be of great service in the area"; whereas the paragraph as it stands states that "the information should be of great service and of great value to the whole country."

(*Dr. Leslie Mackenzie.*) No, Sir. It says "regarding the distribution of Tuberculosis in the given area, which should prove of great service."

(*Dr. Newsholme.*) That has been agreed to be cut out, I think.

(*Dr. Paterson.*) The Tuberculosis Officer has all the information there; he has the Medical Officer of Health's Report.

(*Chairman.*) I think it refers to clinical facts and statistics.

(*Dr. Leslie Mackenzie.*) I know; that is one of my reasons for changing the sentence. If I might read from the beginning: "The Tuberculosis Dispensary should constitute a centre towards which persons interested may turn for information and guidance," say "clinical information and guidance."

(*Several Hon. Members.*) No, no.

(*Dr. Leslie Mackenzie.*) "For information and guidance." Then, the next sentence would run, "In the course of time, by careful records of the case sheets and schedules, the accumulation of clinical facts and statistics at the Tuberculosis Dispensary should prove of great service in the investigation of Tuberculosis problems in the given area," or leave out "the given area."

(*Chairman.*) Leave out "in the given area."

(*Dr. Jane Walker.*) Leave out "in the given area."

(*Dr. Addison.*) Leave out "in the given area."

(*Dr. Newsholme.*) Now, may I take the third paragraph in the subsection there. I propose the following wording in the third paragraph of the subsection: "These facts and statistics should be collected upon a uniform system and should be related to the more extensive information obtained by the Medical Officer of Health in connection with compulsory notification of pulmonary Tuberculosis and in connection with the general death and sickness reports of the community." Then, I set out the duty of the Medical Officer of Health in that connection.

(*Dr. Latham.*) Would you not be content with "The information collected by the Medical Officers of Health."

(*Dr. Newsholme.*) It is more extensive, but I can leave it out.

(*Dr. Latham.*) Is it necessary to say so?

(*Chairman.*) Stop where you stopped reading just now; it slightly overloads.

(*Dr. Newsholme.*) I agree with that.

(*Chairman.*) It is now suggested "that these facts and statistics which should be collected upon a uniform system, and should be related to the information obtained by the Medical Officer of Health in connection with the compulsory notification of all cases of pulmonary Tuberculosis and in connection with the death-rates and sickness reports of the community, should also be of considerable value."

(*Several Hon. Members.*) Agreed.

(*Dr. Niven.*) I suppose that does not conflict with the obligation of the Medical Officer of Health in regard to not communicating information?

(*Dr. Leslie Mackenzie.*) It will supplement it.

(*Dr. Jane Walker.*) There is the last sentence, "this should prove of special importance in the training of Medical Officers and nurses for dispensaries and other Tuberculosis Institutions." That should come out surely, because you do not want only to train them. We should leave the last sentence out of this paragraph and stop at "medical education."

(*Dr. Philip.*) I think it is such an important point that we should, if anything, expand rather than contract here.

(*Dr. Latham.*) The second sentence is included in the first.

(*Dr. Addison.*) We agreed last time that we should specifically have a recommendation on this point amongst our recommendations.

(*Dr. Jane Walker.*) Surely it is for the sake of every Medical Officer, not the Medical Officer attached to a dispensary, to be trained.

(*Dr. Addison.*) That is what I say.

(*Dr. Jane Walker.*) Then, leave out the second sentence.

(*Dr. Philip.*) It is rather an argument for expansion that contraction.

(*Dr. Jane Walker.*) Write another sentence, including everybody.

(*Dr. Mearns Fraser.*) These Dispensaries will in time prove the training centres. At Portsmouth we have lots of Medical Officers and Nurses come to learn the work. I think that would be larger in the future when there are more Dispensaries going.

(*Dr. Smith Whitaker.*) If you are referring to the educational value of this, you ought to bring in the point—I known it is referred to elsewhere—that the Tuberculosis Dispensary serves as a centre of post-graduate instruction to the general practitioner. I think the education of the private practitioner is the most important function of these Dispensaries, far more than Medical Officers and Nurses. I would agree with Dr. Philip. I would rather expand and elaborate this than leave out what is in.

(*Dr. Paterson.*) Is it not a subject better left for the later Report? If we are going into it here it raises a very big question, and this Report has already been said to be too long. I think it ought to wait for the Final Report if we simply leave in "In addition the Dispensary should become a valuable centre of medical education."

(*Chairman.*) Or, if necessary, leave out "For Dispensaries and other Tuberculosis Institutions."

(*Dr. Smith Whitaker.*) It is not only Medical Officers, it is General Practitioners.

(*Dr. Philip.*) Medical men and Nurses.

(*Dr. Jane Walker.*) Medical Practitioners.

(*Chairman.*) Medical Practitioners.

(*Dr. Latham.*) The students will not go.

(*Chairman.*) 18; there were no suggestions sent in on 18.

(*Dr. Latham.*) How is the last paragraph, No. 16, left?

(*Chairman.*) "In addition the Dispensary should become a valuable centre of medical education. This should prove of special importance in the training of Medical Officers and Nurses."

(*Dr. Latham.*) Do you think Medical Officers would like to be told they are to be trained?

(*Dr. Paterson.*) They have already got an M.D., they do not want to be told they are to be trained by a 25-year-old man.

(*Dr. Niven.*) The word "Officers" is vague enough.

(*Chairman.*) This should prove of special importance in the training of medical officers and nurses.

(*Dr. Paterson.*) I should put "medical men."

(*Dr. Bardswell.*) Is it proposed, at all, to teach the public; will there be any popular lectures at these Dispensaries?

(*Dr. Niven.*) It is much better to retain the words you have got. These words, "medical officers." After all, those in the capacity of practitioners will be officers under the Insurance Act. I would leave the word "officers."

(*Chairman.*) Oh, no.

(*Mr. Stafford.*) You want to train more people than officers.

(*Dr. Niven.*) It does not prevent other people coming.

(*Chairman.*) 18; Dr. Paterson has a query on 18.

(*Dr. Paterson.*) It was simply the Tuberculosis Officer again.

(*Chairman.*) Are you satisfied now, Dr. Paterson?

(*Dr. Paterson.*) Not altogether.

(*Chairman.*) But you waive it. Dr. Meredith Richards, your objection is met by the Appendix, I think. Mr. David Davies, I think the last paragraph has met you, has it not, the training of nurses? You say the Dispensary shall, as far as possible, utilise the services of district nurses, and arrangements should be made for those nurses to be given a special period of training in the treatment of Tuberculosis. I think your point is met partly in the last paragraph of 17, and partly in the Appendix; it is covered by those two.

(*Mr. Davies.*) I think it is, yes.

(*Chairman.*) Now Dr. Newsholme, you want to delete the whole of the last paragraph of 18.

(*Dr. Latham.*) Is this section 18, sir?

(*Chairman.*) 18, page 12.

(*Dr. Newsholme.*) It seems to me it is going into detail, which is somewhat doubtful.

(*Chairman.*) It was specially put in for those gentlemen who said you could not have buildings in small scattered districts in Scotland and Wales, and rural areas.

(*Dr. Newsholme.*) I think it is highly probable that it would work out by having a Central Dispensary in a large town, and by having no Institutions at all in these country districts.

(*Chairman.*) That is there.

(*Dr. Niven.*) There is no need for Dispensaries in country districts, or large towns either.

(*Chairman.*) This was specially put in to meet a very strong desire

(*Dr. Newsholme.*) I do not press the point, but it is not elastic enough.

(*Dr. Mearns Fraser.*) Is it possible to interpolate a suggestion there, in the last paragraph? "In other rural neighbourhoods not only no accommodation will be found necessary, as the Tuberculosis Medical Officer will himself call upon patients," you might have a travelling dispensary in some of those places.

(*Chairman.*) That is mentioned in the Appendix.

(*Dr. Niven.*) Surely you do not want Dispensaries in villages; any doctor's house would do.

(*Chairman.*) That will be the Dispensary then.

(*Mr. Davies.*) I also had an amendment on No. 18, to omit "county" and put "area," because in a former paragraph you had put "local areas" as a unit for the Dispensary. In paragraph 18, to omit "county" and put in "area" because you put in the "local area" in a previous paragraph as the district for the Dispensary.

(*Chairman.*) Which paragraph is it?

(*Mr. Davies.*) That is 18, at the end of the second sentence on the sixth line.

(*Chairman.*) Part of the area.

(*Mr. Davies.*) It brings it into conformity with the previous paragraph.

(*Chairman.*) Yes, quite, "area," nothing else on 18. 19.

(*Mr. Davies.*) There was one other point on 18, and that was in regard to the "Dispensary situated in one or more of the principal small towns of the area," which apparently means there are several dispensaries in one area in addition to that, that there should be local sub-centres.

(*Chairman.*) I think that would have to be branch dispensary. There should be a branch dispensary.

(*Mr. Davies.*) I should have thought it would have been quite sufficient if you had omitted from "there" to "area," and then it would read "in some districts" "there should be local sub-centres," which means there would be one dispensary and sub-centres in connection with that one dispensary.

(*Chairman.*) Would it meet your point if we say, "in some rural districts there should be a branch Dispensary situated in one or more of the principal small towns." There is a small difference, as I understand it, between "branch dispensary" and a "sub-centre," which is almost nothing.

(*Mr. Davies.*) I thought you were multiplying.

(*Chairman.*) We were rather trying to meet the rural area to show the elasticity. If "branch dispensary" would meet you, I do not think there would be any harm in it standing.

(*Dr. Smith Whitaker.*) Instead of saying "there should be established," "it may be found convenient to establish."

(*Chairman.*) Or "there might be established."

(*Dr. Smith Whitaker.*) I think it reads too much like a Recommendation of the Committee.

(*Dr. Newsholme.*) There is one other point, Sir; is it necessary to say, "upon one or two days a week"? It appears to me, in a large country village or small town where such an institution is open once or twice a week, everyone who goes into the place will be watched and they will be tabooed afterwards. No one suffering from tuberculosis will dare go into a place which is open once or twice a week. The idea of a place open one or two days a week appears to me a thing which rather lends itself to ridicule.

(*Dr. Philip.*) I am entirely of that view.

(*Dr. Paterson.*) In connection with what I have said about the Tuberculosis Officer, it seems to me that if we define the Dispensary now, it is any room into which a Tuberculosis Officer walks and sees a patient; that is what it would come to. It is all in favour of what I was saying this morning. The important person is the Officer, and not the room.

(*Dr. Newsholme.*) You cannot have the Officer open once or twice a week.

(*Dr. Paterson.*) No, but you can let him attend; you can open him when he does attend.

(*Chairman.*) It is proposed to omit "open on one or two stated days of the week," so it would read, "local sub-centres should be established." Anything more on 18? If not, 19, second unit of the scheme. There is an amendment which I had down, if you will, look at the "Chairman's amendment" paper, at the end of the third sentence, insert (*d*), that is the fourth sub-heading, "For patients with advanced disease, not able to be nursed at home under conditions that will ensure the patients comfort and the safety of those about him."

AGREED.

(*Dr. Latham.*) There is one thing I should like to suggest; I do not know whether it is possible; I think it would meet Dr. Paterson's objection and other people that you might take the duties and the qualifications of the Chief Tuberculosis Officers, put them before you

deal with the unit at all. You might take section 24, which deals with the duties and the qualifications of the Chief Tuberculosis Officers, which we are all agreed are things of the utmost importance, and put them in before the first unit in the scheme, or as section 17, coming immediately after the basis of the scheme. In that way we should not be talking about the Dispensary as a building all the time before we come to the question of the important factor in that building, namely, the Tuberculosis Officer, and it would not interfere with the logic or the sequence of the Report if you did make that transfer.

(*Chairman.*) The only reason we put it there was, we were describing the basis of the scheme, and taking the Tuberculosis Officer, and the staffing generally; it is a little difficult to describe before you have put your machinery before the public. They might not understand what you were talking about.

(*Dr. Latham.*) No; if something of that sort could be done it would not affect me, but I gather it would meet the objections of a good many.

(*Dr. Paterson.*) That would meet my point because you get at once to the essential feature, the Tuberculosis Officer, and here we have talked about nothing but buildings, and three or four pages afterwards you begin to say you want a man, and a very important man.

(*Dr. Philip.*) Would it not be better to bring him in immediately after we have described the Dispensary?

(*Chairman.*) No, because you have "Duties and qualifications of the Heads of the Dispensary and Sanatoria"; therefore, he has got to be either in front of both or behind both, you cannot take him in between the two.

(*Dr. Philip.*) It would be very unfortunate to bring him in in front of them.

(*Chairman.*) He might come in before the basis of the scheme, before we discussed that in detail.

(*Dr. Paterson.*) He is the front rank. In the country you have not got a Dispensary, we have come to that over and over again; you have the man.

(*Chairman.*) It would be like this: Basis of the Scheme, Recommended, section 16, then "Duties and Qualifications of the Heads of the Dispensary and Sanatoria." Then, your first unit; then, your second unit.

(*Dr. Latham.*) That is the idea.

(*Chairman.*) Right.

(*Dr. Leslie Mackenzie.*) Are we discussing the second unit now?

(*Chairman.*) Now we are on the second unit, yes.

(*Dr. Addison.*) I have a point to raise there; a trivial point; hospital accommodation is required for a large number of persons.

(*Chairman.*) May I, just before you go to that, say these little alterations which seem so simple do mean a tremendous lot of consequential re-drafting? May I take 24 which was suggested we should put further on, "The Chief Tuberculosis Officer of the Dispensary should be responsible for the management of that Dispensary including the admission, diagnosis, and treatment of patients as already detailed," and so on. It would mean altering the whole thing I mean, unless it is considered really essential.

(*Dr. Latham.*) I do not think it would take more than five minutes to do that.

(*Dr. Philip.*) It is really more logical as you have got it than the proposed alteration.

(*Dr. Paterson.*) I do not agree that.

(*Chairman.*) It means a great deal of consequential re-drafting. I speak feelingly. I have had to do it several times; an amendment accepted here means a tremendous amount of consequential amendment and re-drafting afterwards.

(*Dr. Smith Whitaker.*) I beg to support the Report as it stands on the ground that it is better as it stands, because you begin with the thing that is most familiar to the ordinary reader and then you proceed to the several ideas you want to bring home to his mind. If you begin to talk of the Dispensary and its staff that is something in his mind. Then begin to devise that from a building and build up the conception in his mind, but begin with the Officer, which is a thing he does not quite understand; he will not get the idea

that you want. Really, Dr. Paterson himself does not mean this man entirely; he means a certain organisation, a certain abstraction of which he wants that man to be the head and forefront, and I think you get that best with the Report as it stands.

(*Dr. Addison.*) I would like to support Dr. Smith Whitaker. I think it better as it is. After all, Dr. Paterson is only going to lose a couple of pages, and these people who are to run these things will have to turn to this, which will be the leading issue. I do not think a matter of a couple of pages makes much difference. It is certainly in much more logical order.

(*Mr. Henderson.*) I would like to support the keeping of the Report in its present form in the interests of the Doctors. You have to impress the general public with the importance of your scheme, and when you have impressed the public with the importance of the scheme they are the more ready to accept the highly qualified staff for giving effect to it. We have got to keep in mind that the public are very ready to say we are only providing these things to get jobs for people. If you put that idea too prominently we have it always coming up against us in social legislation in Parliament, and I would urge Dr. Paterson to leave it where it is.

(*Chairman.*) I understand you agree.

(*Dr. Paterson.*) Yes, I agree.

(*Chairman.*) Then, second unit 19.

(*Dr. Addison.*) After the expression, "a large number of persons," Sir, it is a trivial affair, but I would like to put in there the words, "for at least a short period"; so that it would read "Hospital accommodation is required for a large number of persons for at least a short period." We do not want to give the impression they are to be in the whole time. It is true we correct it afterwards.

(*Dr. Leslie Mackenzie.*) Might I suggest you somewhat re-cast that?

(*Dr. Addison.*) I do not press it; it is only verbal.

(*Dr. Leslie Mackenzie.*) I think here, for the first time, we bring in Surgical Tuberculosis, and suggest treatment for that. I think we might recast the sentence a little and say simply, "A large proportion of cases, both of pulmonary and non-pulmonary Tuberculosis, require treatment for a longer or shorter period in an Institution." We are now to emphasise the point that dispensaries cover a certain amount, but a certain number require treatment in an Institution. I think it would read better that way without specialising Surgical Tuberculosis.

(*Dr. Newsholme.*) I think it was decided at the previous meeting to omit the word "Surgical."

(*Chairman.*) It is suggested that the first sentence should be deleted and in its place we should have "A large proportion both of pulmonary and non-pulmonary Tuberculosis require treatment for a longer or shorter period in an Institution."

AGREED.

(*Dr. Leslie Mackenzie.*) "A certain proportion of cases in which the working capacity is likely to be completely restored," I think we should say "require treatment in a Sanatorium."

(*Dr. Latham.*) Can you not accept "permanently"?

(*Dr. Leslie Mackenzie.*) "Permanently"; he has got to die some time.

(*Dr. Latham.*) "Completely" too.

(*Chairman.*) That was in the original draft and it was taken out; why, therefore, put it back?

(*Dr. Leslie Mackenzie.*) I think it was "permanent" that was in the original.

(*Dr. Addison.*) I think both "permanent" and "completely" are objectionable. As long as we say "were restored."

(*Dr. Philip.*) Yes, I am entirely of that mind.

(*Dr. Mears Fraser.*) There ought to be a certain proportion of the cases, Sir.

(*Dr. Leslie Mackenzie.*) I do not mind about that.

(*Dr. Mearns Fraser.*) In that same sentence, Sir, you ought to have "A certain proportion of the cases" not "certain proportion of cases." No one is to get permanent working capacity unless they went to a sanatorium. As it stands now, "A certain proportion of the cases."

(*Chairman.*) Yes. Anything on 20?

(*Dr. Philip.*) May I say, Sir, about 19. The subject is important, and one wants those who read it

to follow it clearly, so that I would suggest the breaking up into three paragraphs, and after the first sentence a new paragraph, "A certain proportion of cases," &c., and then a new paragraph, "Hospital accommodation is required." The ideas are quite different and it is a little apt just to be passed over too lightly.

(*Chairman.*) Yes, all right Dr. Philip, Now, 20.

(*Dr. Addison.*) I have a point there. "The buildings should be so arranged that treatment can be provided for both men and women." I should like to know what the experts have to say on that? One feels generally it would be much better to keep the sexes apart for various reasons. I should like to know why that recommendation is there put in. As far as I am concerned, I have not heard the case argued to show that it is desirable that any one Institution should be for both sexes.

(*Chairman.*) I think I can explain why that was put in. I understood that it was impossible to guarantee that every year you would have so many men and so many women, and that if you said that they must never be put together, you might have beds emptied because there were more men one year and fewer women.

(*Dr. Addison.*) In any case you would not have them in the same pavilions; I do not think it is any good, because you would not have them in the same pavilions.

(*Dr. Philip.*) There is the other aspect, if you are to have men and women entirely separated you will have to have far more institutions. In scattered portions of the country, for example, it is only by combining men and women that you are likely readily to get up an institution that will contain 100 or 150 beds.

(*Dr. Addison.*) It is a work of local arrangement.

(*Dr. Latham.*) It is agreed between the sanatorium people that they can be in the same institution, but they are in separate quarters as regards sleeping accommodation; it is in separate parts of the grounds.

(*Dr. Addison.*) Yes, we went further, and said it was better that these men and women should be treated together. When you get a sanatorium consisting entirely of men, you do not get the same discipline and the same results as in a mixed sanatorium. I think that is your experience.

(*Dr. Jane Walker.*) Yes.

(*Dr. Leslie Mackenzie.*) I am sorry to go back on 19. You are going so fast, I missed my opportunity. I should like to call attention to these two sentences in paragraph 19: "Patients will be transferred to this second unit from the Tuberculosis Dispensary in its capacity of a clearing-house. Accordingly, until the Tuberculosis Dispensaries have been in working order for a short time, the demand on the second unit of the scheme will be comparatively small." I really cannot agree to that sentence, as far as Scotland is concerned, because I know for a fact that the demand on the second unit is already so great that it cannot be met.

(*Chairman.*) We mean that there will be a larger number of people go to the Dispensary than to the Sanatorium; all cases will not go to the Sanatorium.

(*Dr. Leslie Mackenzie.*) They are coming to hospitals, and they are demanding hospital treatment. In one place I know they are standing 40 deep to get in. In Glasgow they come from the other side of the water.

(*Chairman.*) Instead of "will" put "may be."

(*Dr. Leslie Mackenzie.*) I am inclined to knock out the two sentences; I do not think you will sacrifice anything.

(*Chairman.*) The intention was to explain why we had gone into greater detail in the first unit in this Interim Report.

(*Dr. Leslie Mackenzie.*) I think you cut out that because it was in the early part of the Report. It is not correct as far as Scotland is concerned.

(*Dr. Newsholme.*) I quite agree that sentence was left out.

(*Dr. Leslie Mackenzie.*) That one sentence, if you leave it out, I will be quite satisfied.

(*Dr. Niven.*) These sentences are quite unnecessary.

(*Dr. Smith Whitaker.*) We agree to leaving out the sentence beginning "accordingly," not leaving out the other one.

(*Chairman.*) Well, 20.

(*Mr. Davies.*) There is one other point on 20, and that is to insert "that" and "treatment," the number of beds can, if necessary, be increased, and that, so that we may point out to these people who are erecting sanatoria, that they should do so in such a way.

(*Chairman.*) Which section is that?

(*Mr. Davies.*) That is section 20. It would read then: "The buildings should be so arranged that the number of beds can, if necessary, be increased, and the treatment can be provided," &c. In the Report, as it stands at present, it provides for only very few Sanatorium beds. We have said that we regard it as the minimum, and probably these Institutions, at a later date, will have to increase the number of beds. We should point out to these people that when they are preparing plans for these buildings they should make them sufficiently elastic, so as to provide for more beds, if they were necessary, in the construction.

(*Dr. Bardswell.*) Is not that under instruction in the Appendices?

(*Mr. Davies.*) It may be there. I have no objection as long as it is put in the Report. I do not think that that point is included.

(*Dr. Bardswell.*) It might come in there.

(*Mr. Davies.*) I do not mind where it comes in, as long as it is put in.

(*Dr. Niven.*) Put in at the end, "so as to admit of extension."

(*Mr. Davies.*) That practically covers it.

(*Dr. Paterson.*) The building should be built with a view to possible expansion later.

(*Dr. Niven.*) So as to admit of extension.

(*Dr. Philip.*) Then with regard to children, I think the words should run, "or that separate departments for children should be attached to Sanatoria."

(*Chairman.*) What I was proposing was, that distinct Institutions, or at least separate pavilions, be provided.

(*Dr. Philip.*) That will meet my point.

(*Dr. Newsholme.*) That will meet my point. I am very anxious we should not commit ourselves to separate Institutions.

(*Chairman.*) Anything else on 20?

(*Dr. Philip.*) Are you dealing with size, Sir?

(*Dr. Niven.*) You say, "at least separate pavilions be provided."

(*Chairman.*) "Or at least separate pavilions be provided for children."

(*Dr. Niven.*) Would that be the exclusion of women, because it is usually desirable that women and children should go together?

(*Dr. Latham.*) The Sanatorium Committee were dead against that.

(*Dr. Philip.*) I have just been expressing my views differently; "in separate pavilions."

(*Dr. Jane Walker.*) It is not fair on the women to have the children with them always; leave them with the men.

(*Dr. Philip.*) Are you dealing with the size, Sir, now?

(*Chairman.*) The size, yes.

(*Dr. Philip.*) Because I think an error has crept into the draft here. "It is a general experience that Institutions of less than 200 beds are unnecessarily expensive to maintain," that should be 100 beds.

(*Dr. Jane Walker.*) I should like the second sentence to be deleted.

(*Chairman.*) Then, you take out the second sentence.

(*Dr. Jane Walker.*) Take out the second sentence.

(*Chairman.*) The thing would be to take out first the first two sentences, then it would read: "We strongly recommend that an individual Sanatorium should contain not less than 100 beds, such as is found to be unnecessarily expensive."

(*Dr. Latham.*) Is it not a fact that Institutions of 200 beds is more economical than 100?

(*Dr. Jane Walker.*) I do not think it would, because you would want more medical officers.

(*Chairman.*) We are to leave the second sentence because it is a strong point—merely changing 200 to 100 in the first sentence, and let the paragraph stand.

(*Dr. Philip.*) And omit the second sentence.

(*Dr. Latham.*) I hope that will be discussed; I do not agree. I think Institutions of 250 beds are most suitable from the point of view of administration.

(*Dr. Mearns Fraser.*) Do the Sanatorium experts say that patients where there are 200 or 250 beds, still get the same amount of attention, and are looked after the same as in small Institutions?

(*Dr. Jane Walker.*) Yes; because there will be more medical officers.

(*Dr. Mearns Fraser.*) I am quite willing to take their view on it.

(*Dr. Addison.*) Leave the sentence as far as the word "suitable," and knock out the remainder.

(*Dr. Niven.*) Leave out the word "unnecessarily." It might be quite necessary that the Institutions should contain under 200 beds. Say, "comparatively expensive to maintain."

(*Dr. Philip.*) There was a very good sentence in the original draft; I think it meets the point Dr. Latham is now urging: "It is difficult to fix a maximum number, but, other things being equal, the larger Institutions have obvious economical advantages"; that seems to me a general sentence which is rather wise.

(*Dr. Latham.*) I do accept that; simply have the last sentence as it is printed here added.

(*Dr. Jane Walker.*) Yes, I should like that too.

(*Chairman.*) Then, how would the paragraph read?

(*Dr. Philip.*) "It is a general experience that institutions of less than 100 beds are unnecessarily expensive. It is strongly recommended that an individual Sanatorium shall contain not less than 100 beds."

(*Chairman.*) That is the same thing over again.

(*Dr. Philip.*) "It is difficult to fix the maximum number, but, other things being equal, the larger institutions have obvious economic advantages." Then add: "It is strongly recommended that an individual Sanatorium should contain not less than 100 beds."

(*Dr. Niven.*) It is the word "unnecessarily."

(*Dr. Smith Whitaker.*) With all respect to the experts, as a mere matter of drafting, I do think this covers it. "It is a general experience that institutions of less than 100 beds are unnecessarily expensive, and it is strongly recommended that an individual Sanatorium should contain not less than 100 beds."

(*Dr. McVail.*) Yes; but we have dropped the first one.

(*Dr. Mearns Fraser.*) Is it expensive to maintain, but not to build?

(*Dr. Smith Whitaker.*) I understand these words are knocked out.

(*Chairman.*) This is capital, the maintenance cost.

(*Mr. Davies.*) I was to suggest that we should put, instead of putting, "Inclusive of cost of site and buildings," "Exclusive of cost of site," because I understand that in some cases it is advisable to have a considerable amount of land attached to these institutions, and, of course, the more land you have the greater your cost will be, and consequently it is inadvisable for us to lay down 150*l.* a bed as an absolute figure, we hope it may be done for less than 150*l.*, but I think it would not be wise for this Committee to bind themselves to 150*l.* plus the cost of a site. I think that is the view of Dr. Paterson.

(*Dr. Paterson.*) The land varies so much; it might be 20*l.* or 30*l.* an acre in one place and 300*l.* or 400*l.* in another.

(*Chairman.*) Would that point be met if it were put "It will probably not exceed on an average 150*l.* a bed," that allows for a considerable variation.

(*Dr. Mearns Fraser.*) What is that based upon, Sir?

(*Chairman.*) Previous discussion.

(*Dr. Mearns Fraser.*) Have you got any facts to go on there?

(*Chairman.*) There is the expense of the Maltings Farm Sanatorium; they have done it for 150*l.*

(*Dr. Mearns Fraser.*) They have not done it at 150*l.*

(*Chairman.*) When the place is completed they will have 130 beds, and they will not exceed 150*l.* a bed.

(*Dr. Jane Walker.*) I have put up buildings which will come out at a good deal less than that,

(*Dr. Newsholme.*) I think it would meet the point if we said, "It should not, as a rule, exceed."

(*Chairman.*) Well, "on an average."

(*Dr. Newsholme.*) It is more than the average.

(*Dr. Mearns Fraser.*) There is no institution going into the country now.

(*Chairman.*) Would your point be met if we put in "as a rule"?

(*Mr. Davies.*) I think it is a very wrong thing that we should tie ourselves down to any figure of this sort which must include the land too, because, as I understand, in a modern Sanatorium you want a great deal of land so that these people may have proper recreation and proper work. In Crossley they go in for gardening and poultry-keeping and all the rest of it. It would be rather injurious to tie ourselves down to this figure, which might land certain people who are erecting Institutions in considerable difficulty.

(*Dr. Bardswell.*) Would agricultural land vary so much in price as all that?

(*Mr. Stafford.*) We discussed this thing very fully before. I thought the feeling of the Committee on that occasion was to give Public Authorities a lead to build these Institutions at not too great expense. Our idea is to keep down expense, not to put all our money into bricks and mortar. That was the feeling of the whole Committee, therefore, we put in this 150*l.*, we put the word "probably" because we recognised that under certain conditions that where land was taken in certain localities you might have to pay a great deal more for the land, but we were simply giving them a general lead to build cheaply.

(*Dr. Niven.*) The words are quite right as they stand.

(*Dr. Mearns Fraser.*) I suggest you should put down the cost should not exceed so much per bed for building alone. It is impossible to give an estimate for the cost of land.

(*Dr. Latham.*) "In many cases this should not exceed 150*l.* a bed."

(*Dr. Addison.*) I hope we will not water it down.

(*Chairman.*) You can find expensive land and cheap land.

(*Dr. Meredith Richards.*) What price do you mean by "cheap"; it says a few sentences lower down, half an acre is required per patient. I cannot imagine getting land anywhere near a town under 200*l.* an acre.

(*Dr. Bardswell.*) 200*l.*

(*Dr. Addison.*) 200*l.*; I would not go near a large town.

(*Mr. Henderson.*) I think some of us know some of the existing institutions. I know one of them that serves the North of England. It happens to be in my own constituency. They come from many miles round about to that. I venture to say it did not work out at anything like the sum that is stated here. Then, I like the idea of the Committee giving the Local Authorities a lead. Those of us who have been, as I myself have been, associated with two Borough Councils, and a County Council, find all the difference in the world in the expenditure to which the different Authorities will go for the same purpose. You will have one getting an excellent building, thoroughly efficient for the purpose and getting it at a reasonable figure; you will have another Local Authority simply throwing their money away and not put the money at all out to the best advantage. I think we ought to give the Local Authorities a lead in this matter; we ought to let the public see that, whilst we are anxious for efficiency, we are going to try to do it at a reasonable sum. Furthermore, I think we ought to have the sum stated here if only to let some landlords see that, in carrying out this beneficent work, we are prepared to pay, we are prepared to encourage the Local Authority to pay a reasonable figure, we are not prepared to encourage them to pay an extravagant figure even for the purpose of getting hold of their land.

(*Dr. Bardswell.*) May I say, in regard to land at Biddenden, the land cost 20*l.* an acre, and for the King's Sanatorium site I believe the land cost 50*l.* an acre. 200*l.* an acre is really an outside figure for land for a Sanatorium.

(*Chairman.*) Well, now, gentlemen, would not this meet the thing: "It should probably not, as a rule,

exceed 150*l.* a bed." Surely that is sufficiently vague. The sentence now reads "which should probably not, " as a rule, exceed 150*l.* a bed, inclusive of cost of site " and equipment."

(*Dr. Mearns Fraser.*) We ought to be able to substantiate that; we ought to have some evidence of where it came from, evidence from architects and others.

(*Chairman.*) All those we would have before us for our Final Report. We know Dr. Jane Walker, Dr. Bardswell, and Mr. Henderson, and we have three trustworthy members of the Committee who can produce evidence.

(*Dr. Mearns Fraser.*) As long as we have that, I am quite satisfied.

(*Mr. Davies.*) On the question of the site, after drainage, I would suggest we should add "the district "chosen for a Sanatorium should have a low rainfall." That was agreed to at one meeting of the Committee.

(*Chairman.*) Well, it was found impossible to fit it in for Scotland.

(*Dr. Niven.*) And for Wales also.

(*Dr. Philip.*) I think the second sentence should go out.

(*Dr. Paterson.*) We want to get in about rainfall; it is very important. I know we have had it in, and it has gone out; I am trying to get it in twice.

(*Dr. Niven.*) There is no proof that it is necessary.

(*Dr. Paterson.*) We want to have as low a rainfall as we can get.

(*Dr. Niven.*) I know you do. What proof have you that a low rainfall will be beneficial?

(*Dr. Paterson.*) Come down to Frimley, and work in the rain, and see what it is like.

(*Dr. Niven.*) I quite admit the inconvenience.

(*Dr. Paterson.*) If you are to have out-door occupations for the patients it is infinitely better for them to be dry than wet.

(*Dr. Jane Walker.*) Say a few rainy days; you may have a low rainfall and a great many rainy days.

(*Dr. Niven.*) We discussed this very fully before, and I do not see the use of going further into it.

(*Dr. Paterson.*) We had it in, and then it was cut out.

(*Dr. McVail.*) I asked before if a high rainfall was definitely objectionable. The answer was "no." If people were not accustomed to a high rainfall they get dull in spirits.

(*Dr. Paterson.*) I have tried to get this matter put in, and I have been put off, and I was finally told that it would be considered when we were discussing sites. They might choose a site where there is 90 inches of rain, as they have in Scotland, but if you can get a site where there is 25 inches of rain, it will be much more comfortable for the patients. Let the authorities, when they are choosing their site, take into consideration the comfort of the patients, who are to be trained. It does not matter to me, I can put up an umbrella.

(*Chairman.*) Mr. Henderson, I regret to say, will not be here to-morrow, and, therefore, I think the best thing we could do now would be to take the administration. We ought to have the value of his criticism upon that. That is on page 16.

(*Dr. Newsholme.*) May I ask, is this a proposed alternative draft to paragraph 31? Might I suggest we have got to a very late stage of the afternoon; it is extremely difficult to take up a complicated alteration of an important section, and I would ask whether we could not defer it to some other occasion. The Committee will begin this fresh in the morning.

(*Chairman.*) We have not had Mr. Henderson here before; it is a most important thing, which has been postponed frequently already, and we shall not have him here to-morrow. We know the opinion of members of the Committee in general.

(*Mr. Henderson.*) I do not want the matter to be taken merely because I cannot be here, but we had this question discussed this morning, and it was agreed that it should be taken this afternoon, and I thought, if it was to be taken at all this afternoon, I might call attention to it now, and be here when it was discussed.

(*Dr. Smith Whitaker.*) As I drafted it, perhaps I will explain it. Members of the Committee, Sir, I

think will recollect, and, in fact, if your refer to the minutes, you will be able to verify this statement, that at the last meeting, when we were discussing the administration draft, I suggested certain alterations which the Committee agreed to in substance, but desired to have a draft Report upon, and Mr. Willis and I undertook to prepare a draft. The first point was—I think it would be within the recollection of those members of the Committee, who were present at the last meeting—that it was agreed we should take up was, that at the forefront of the discussion of this administration in England, we should put the reasons; we should not merely recommend that the council should do it; but we should give the local authorities and others who read this Report, a statement of those considerations present to our own minds which led us to make that recommendation, so that the first paragraph, No. 31, beginning “In previous paragraphs of the Report,” down to the words “Insurance Act is needed.” It does not attempt to state the difficulties which we should anticipate, if we did not follow the course which we are recommending. The second paragraph, beginning “Having regard,” will be found to be merely a condensed form of what you already have in the print, which contains a certain amount of repetition, and I think you will find that really it is simply a shorter statement of fact. I may say that these drafts were submitted to Mr. Willis, and really this is a copy of his alteration of a draft of mine. With these explanations, perhaps I might read the draft, as there are one or two corrections of misprints, and then members of the Committee will see exactly what they are being asked to agree to.

(*Dr. Jane Walker.*) What page is it?

(*Dr. Smith Whitaker.*) If you take page 16 of the Government print, paragraphs 30 and 31.

(*Chairman.*) Your suggestion, as I understand it, is that 30 stands, as far as you are concerned, and Mr. Willis, and that this is an alternative to 31.

(*Dr. Smith Whitaker.*) An alternative to 31.

(*Chairman.*) Which will come out entirely.

(*Dr. Smith Whitaker.*) Which will come out entirely.

(*Dr. Newsholme.*) I am sorry to interrupt Dr. Smith Whitaker, but owing to my unfortunate absence through illness I have not been closely concerned in this. I happen to know that Dr. Smith Whitaker and Mr. Willis have been in correspondence on this point. I happen to know also that Mr. Willis prepared the original draft and if we are to take this most important administration section at the present time, I think it is very desirable that Mr. Willis, who is more familiar with the detail than I unfortunately am at the moment, should be present. I am sorry to run across Mr. Henderson's wishes, as he will be absent tomorrow, but it is the Central Administration paragraph, and it is very late in the afternoon. Mr. Willis has had to leave owing to an important Deputation to the Board, and as he, I know, does not like this draft as well as the original draft it appears to be desirable that he should be present when this emendation of the draft is under consideration.

(*Chairman.*) We have telephoned for Mr. Willis.

(*Dr. Newsholme.*) That is good.

(*Chairman.*) I think we might discuss it in a general way.

(*The Secretary.*) Mr. Willis will probably come.

(*Dr. Newsholme.*) I am quite willing to discuss it to any extent

(*Dr. Addison.*) It seems to me this paragraph 31 deals with the authorities we have previously described, also the County Authorities and the Insurance Committees and so forth, but the point which I raised this morning concerns the Government Departments which are the centre of the scheme, so to say. So I think, Sir, if we decide to say nothing at all respecting Government Departments we ought to put it in here. That is to say, between 30 and 31, you might add if you like “Government Departments.” What I would suggest, and what I have drawn up during the interval and which is extracted word for word nearly from different sections of the paragraph of mine which was circulated at our last meeting, to which I understand so general a measure of agreement

had been arrived at. It reads as follows: "With a view to securing prompt and effective concerted action and a common trend of effort, the Committee is of opinion that the Government Departments concerned, the Local Government Board, the Board of Education and the National Health Insurance Commission, should make mutual arrangements either by the establishment of a joint informal Committee or in some other convenient form whereby all important questions affecting them jointly shall first be considered by representatives of the three Departments." That is put in because as we know the Insurance Act throughout, as a matter of fact, the whole machinery of the three Departments will come in, the Insurance Commission and the Local Government Board have to agree jointly on nearly everything, and the Treasury, of course, also, and with respect to the things concerning children it will form so very large a part of our activity in time to come no doubt the Board of Education will be very closely concerned as well, and I understand that some years ago when something was at issue between the Board of Education and the Board of Agriculture, and I believe the Treasury, there was an informal Joint Committee set up to which all matters in which they were jointly interested were informally referred in order to get the matter promptly dealt with, and that they may know what one another was doing instead of sending minutes across from one another leading to delay and sometimes needless friction. As you know, when people get across a table you can thrash a thing out much more quickly than sending things from the one to the other, and although, as Mr. Willis says—he is correct—these Government Departments do consult one another, those who are outside, not outside criticism, know that delay frequently occurs and friction exists. It is with a view of avoiding this kind of thing that I, as a layman—and I am speaking as a layman now, outside the Government Departments, allowing for the existence of distinguished officers who are members of this Committee—should make some recommendation on this point, because I believe it is of central importance that the Insurance Committee and the Local Government Board and the Treasury should work harmoniously in this thing, and if they do not pull all together there will be needless friction and it will tend to stultify, to a great extent, what otherwise might be a great National effort. Therefore, I think that we, as a Committee, might fairly express an opinion on these lines; at all events, I would move that that paragraph be inserted.

(*Dr. Newsholme.*) May we have a copy of this?

(*Dr. Addison.*) I am treading on Mr. Willis's toes; I have been doing that all along, so he does not mind now. It is headed Government Departments. It is suggested it will come in before 31: "With a view to securing prompt and effective concerted action and a common trend of effort, the Committee is of opinion that the Government Departments concerned—the Local Government Board, the Board of Education, and the National Health Insurance Commission—should make mutual arrangements either by the establishment of a joint informal Committee, or in some other convenient form, whereby all important questions affecting them jointly shall first be considered by representatives of the three Departments."

(*Mr. Willis.*) Well, first of all, I should consider that would cause a very great deal of delay if that plan were carried out.

(*Dr. Addison.*) How would it cause delay?

(*Mr. Willis.*) Because you say wherever a question concerns them jointly they would have to meet to consider the matter jointly.

(*Dr. Addison.*) How is that going to cause delay?

(*Dr. Newsholme.*) A formal Committee meeting.

(*Dr. Addison.*) There are only about five people probably.

(*Dr. Leslie Mackenzie.*) This concerns only England, Mr. Chairman, of course?

(*Dr. Addison.*) It is administration in England and Wales.

(*Dr. Newsholme.*) Do I understand Dr. Addison does not propose the same thing for Scotland and Wales and Ireland?

(*Dr. Addison.*) I do not know their conditions well enough to be able to propose it.

(*Mr. Willis.*) I know the conditions in England, and I can say definitely, that that is not needed at all; I certainly could not sign it. We have gone over the whole of this ground before; I do not want to waste the time of the Committee on it.

(*Dr. Addison.*) But we have not gone over it, we just left it; that is the point, because we thought the Departments concerned would manage to agree on that thing that was circulated.

(*Dr. Newsholme.*) I think you might leave it; if in future administration it proves to be necessary, there is quite sufficient power in the heads of the Government to set up such a Committee, if required, in the future. There is no evidence in the past that it has been necessary, and I do not think there will probably be in the future; if it becomes necessary it can be organised.

(*Mr. Willis.*) With all respect, I submit that this Committee cannot teach Government officers how to do their work; Government officers know enough about it.

(*Dr. Addison.*) Without the slightest disrespect to Government Departments, because Government Departments, like everybody else, are open to criticism, and they get a good deal of it, and there is delay, there is no getting out of it.

(*Mr. Willis.*) It is inevitable anyhow.

(*Dr. Addison.*) But I think there would be very much less delay if it applies to every other sphere of activity of which I have heard, and where different bodies are concerned they have some joint arrangement for settling matters which mutually concern them. I fail to see why it should not apply to Government Departments.

(*Mr. Henderson.*) The only objection which seems to have been raised is that this is going to lead to delay. I fail entirely to see how Dr. Addison's proposals can lead to delay; it suggests not only a Joint Committee, a Joint Informal Committee, or in some other convenient form; surely, that is wide enough. It is very proper that the representatives of the different Departments that are here, are going to defend their Departments; we would not expect them to do otherwise; but surely they will permit some others to say that have had some experience of the Departments, that one of the things that they are quite capable of doing is to take a long to make up their minds, to give some of us who represent the public, a reply on some matters that we are very much interested in. I have had a few years experience of the different Government Departments, and I am quite convinced of this, that one of the things that I have become familiar with is, not only the delay, but the capacity for one Government Department to blame another. Now, if we have found that out from experience, it seems to me that, as we are beginning this very big piece of business, it is quite right that we should suggest that the responsibility should be thrown jointly upon the Departments. We should say that they will meet together in some way, and they will get this business settled up, and they will give us an answer for which the whole of the Departments concerned will be responsible. I think that Dr. Addison is quite justified in proposing that something be done. As one who has had something like nine or ten years experience of the Departments, I strongly urge that his proposal, or some similar proposal, should be included in the first Report of the Committee.

(*Mr. Willis.*) Of course, Mr. Henderson has not had the advantage of being at our meetings before, and I did not go into any full statement of reason to-day, because I did it on a previous occasion, and we have been told again and again we are bringing up questions which have already been discussed and settled, and I would refer to the Report of the Committee of the Fourth Day. I have pointed out that "Government Departments have always agreed to consult with one another. If the Home Office are concerned with the Board of Trade in a matter affecting both Departments they do, and always have, consulted with one other. It is no new thing, and to suggest in a paragraph—I have not seen the paragraph—that as a result of this Committee three or

"four Government Departments in London have agreed to do that which they have always done, well, I think is open to objection." Of course, I am most anxious to avoid any delay whatever that can be avoided, most anxious, just as anxious as anybody. We are all anxious to avoid delay; but what I so much object to is that this does imply that Government Departments have not been consulting one another, and that by naming certain people to form a sort of Standing Joint Committee of three or four Government Offices you are going to avoid trouble, you cannot do that. Suppose you put on that Committee the Permanent Secretary of the Local Government Board, and the Permanent Secretary of the Board of Education, and the Permanent Secretary of the Insurance Office; well, those men cannot attend to all these questions themselves, they could not possibly. Then, supposing you say an Assistant Secretary of these Departments, he cannot commit his Department on some subjects anyhow.

(*Dr. Addison.*) No, but he can to a great extent find out the views of the other people.

(*Mr. Willis.*) But he does do that.

(*Dr. Addison.*) But nothing like so rapidly or expeditiously.

(*Mr. Willis.*) Well, pardon me, I do happen to know something about that. I happen to be an Assistant Secretary, and I have to consult many other Departments, and I can say myself, for myself, that I think that suggestion if carried into practice would hinder things, because it would make it formal and require formal meetings, whereas now informal conversations suffice.

(*Dr. Addison.*) Have you read the thing, Mr. Willis?

(*Mr. Willis.*) If it is the thing that is at this moment coming round, I did read it hurriedly. It is almost impossible to read everything; this Committee changes so.

(*Dr. Addison.*) There is only one point I would like to make in respect of Mr. Willis. I was rather objected to for going back, but it is within the recollection of the Committee that this paragraph here circulated to follow Section 9, page 2, was on the table before us on the last two days of our meetings when we met before and was deliberately put on one side; that the two Government Departments would agree upon a formula which we could insert in our Report. They nearly did agree upon it, I believe, and this was left over expressly to enable that to be done. I understand it has not been done; therefore, I suggest to the Committee this, whether they will put in anything on its own account.

(*Dr. Smith Whitaker.*) One cannot let this pass without saying something on it, though I feel very great difficulty in doing so. Of course, for myself I am entirely new to being in a Government Department; I was to say, Sir, one cannot quite let this pass without making some observations, though I feel a very great difficulty in expressing with any confidence any opinion on the matter, being as I am entirely new to the Government Service. But I do know that this has been considered by the English Insurance Commission upon which we have two or three Civil Servants of great experience, including Sir Robert Morant and Mr. Bradbury of the Treasury, and I know that the feeling there was that, if we look at the peculiar relation in which certain Government Departments are placed in respect to one another under the Insurance Act, the extent to which we have to share duties, that it is conceivable—I do not want to say that it will be so, of course, but it is conceivable—and after all you cannot proceed in life on the assumption that everybody is going to do something in the best possible way. You must allow that other tendencies may conceivably creep in, if not with the present generation, possibly with some future generation, and the feeling was that when you have Departments who all have to agree before the thing can be done, as is the case under the Insurance Act in certain matters, there are certain matters in which no progress can really be made unless the Insurance Commissioners and the Local Government Board come to an agreement—then it may be said surely then in that case you may trust each Department to consult the other, no doubt wherever they think it necessary. The answer that was given by the experienced Civil Servants that I have referred

to on our Commission on that point was, "If you leave it for A to consult B when B thinks necessary, and leave it to B to consult A when A thinks it necessary, there is an obvious possibility that A may not consult B when B might think he ought to be consulted, and B may not consult A when A might think he ought to be consulted," and that if you make some kind of provision to arrive at some kind of understanding by which there shall be consultation between them it does not necessarily mean formal consultation, but it means that they shall be consulted, it does not mean always a Committee Meeting, it means that there shall be an understanding that neither of them will do anything in certain Departments of their duties by which they might be conceivably free to do something without giving the other previously an opportunity of expressing their opinion, and I think that the feeling was, as I have said and been told, that there are reasons for this, that this is not entirely a new thing in administration, that the Board of Education and the Board of Agriculture have matters in which each might conceivably proceed without reference to the other, and to avoid possibilities of difficulty they have agreed to some kind of Joint Committee for the consideration of those matters in which they are both concerned. Now, Sir, having said that, I felt it my duty to say that, on behalf of the English Insurance Commission, because the matter has been considered by the Commission, and that was the view they took of it. But I feel as I have said in a great difficulty in expressing any opinion on the matter. I have come new to administration and one who perhaps has ideas on these matters, Mr. Willis, may think if I had 10 years experience of administration I should not be so disposed to express, but after all I have at my back two experienced officials like, for example, Sir Robert Morant.

(*Mr. Davies.*) I should like to support this resolution of Dr. Addison's, because I happen to be a member of the Committee on Agricultural Education, and at that Committee we discovered that there was a great deal of overlapping between the Department of Agriculture, and the Department of Education, with regard to Agricultural Education, and as a result of the recommendation of that Committee this joint arrangement between the two Boards was set up, and I believe that that joint arrangement has been productive of very good results. With regard to the Insurance Act, undoubtedly there will be a great many matters upon which these three Government Departments will have to act in close co-operation, and there is one difficulty which I know has arisen with regard to Wales, and that is, that the authority for apportioning the grant for capital expenditure is the Welsh Insurance Commission. On the other hand, the body for approving the Institutions, after they have been erected, is the Local Government Board, so it is quite conceivable that unless there was complete co-operation, the Insurance Commission might make a grant towards the erection of the building, and that building afterwards might not be approved of by the Local Government Board, so it seems to me that there might be many cases cropping up in which it would be the very best arrangement that these three Boards should be joined together in some sort of way, that is proposed in this resolution.

(*Dr. Leslie Mackenzie.*) Mr. Chairman and gentlemen, although this does not apply to Scotland, Dr. Addison has indicated that he might conceive it as applying to Scotland if he only had the data to apply it with. I may say at once that I do not wish to say anything whatever about the situation so far as England is concerned, but if the Committee decides in favour of this proposal for England, it implies that such an arrangement is equally desirable for Scotland, for the reason I can give is my own experience, that I do not consider any such formal arrangement, or even informal arrangement, in any degree or condition, necessary. At the present moment in Edinburgh there exists a Local Government Board, the Lunacy Board, the Registrar-General, the Fishery Board, the Congested Districts Board, the Prison Board, and one or two other Boards, who are in continual interchange on every question affecting our common administration, and they are innumerable. We are in

continual intercourse, discussing practical administrative points. Upon this matter of Insurance, before Dr. McVail and myself came here, we had two conferences with the Insurance Commissioners of Scotland, and discussed every detail upon memoranda we sent in, and the points concerning Scotland in this Report have been gone over in detail by the Local Government Board, and the Insurance Commissioners sitting together, spending several hours over the matter. Seeing that is the ordinary normal working so far as Scotland is concerned, I see no reason whatever for making any formal recommendation on paper, and, personally, I would not commit my Board to accepting any proposition, applying directly or indirectly to Scotland, without putting the matter before them. I am quite sure they would consider no such thing was necessary, they work in the most intimate way.

(*Dr. McVail.*) I understand this does not apply to Scotland in the least, either directly or indirectly; we are not interested in it. I do not know the English conditions, and I want to stand absolutely neutral in the matter.

(*Dr. Niven.*) It appears to me very singular, with a new proposal of this kind, that gentlemen from Scotland are so very anxious to avoid this arrangement. You do not seem in the least to approve of this arrangement, and it does not seem to me that what is not a good arrangement for Scotland —

(*Dr. Leslie Mackenzie.*) Excuse me, Dr. Niven, the arrangement is by the establishment of an informal Joint Committee, or in some other convenient form. That specifies nothing but what we have already in actual operation, a convenient form.

(*Mr. Willis.*) So have we.

(*Dr. Niven.*) You have a working informal arrangement, such as I believe to already exist—if I am wrong I stand corrected—in the Government Departments in London. It seems to me that we are hardly here for the purpose of making recommendations of this description.

(*Dr. Willis.*) Of course you are not.

(*Dr. Niven.*) We are here to prepare a memorandum for the guidance of the country in regard to the sort of Institutions which they are to set up. I do not feel myself competent to deal with these intricate questions of Government, and I should be very reluctant to put forward any recommendation on this subject; in fact, I object, as a member of this Committee, to be called upon to give advice on inter-Government questions of this kind.

(*Mr. Stafford.*) Well, Sir, I expressed my view upon the matter in the early days of this Committee. I said, for my friend and myself here, from the very commencement we intended to make the best we possibly could of all the money at our disposal; we intended to act together, and in perfect sympathy and harmony through the whole matter, and I do not know that I can say anything further than that. That is our position. The question has not risen in Ireland, and this is not intended to apply to Ireland, so far as I know. I do not really feel that I am in a position to say what ought to happen in England. That is really how I feel about the whole matter. I see nothing in the resolution, as it appears there, that my friend and I would not naturally accept. From the very beginning we would, and always have exchanged views, and not only that, but without any such resolution as that at all.

(*Mr. Willis.*) Quite.

(*Mr. Stafford.*) We are every day exchanging views with every public Department of the country. Why, half of our work is exchanging views between the Boards of Works with regard to loans between the Congested Districts Board. I believe, as a matter of fact, we have got more boards in Ireland than you have in England and Scotland put together, and as to our views, why, we are always giving each other our views. All we have ever wanted in Ireland is money to carry out our projects.

(*Dr. Maguire.*) I may say I thoroughly agree with what Mr. Stafford has said. I certainly do not see any objection to the resolution proposed by Dr. Addison. It seems to me that the conditions are entirely different from what exists in Scotland or Ireland, and certainly, as far as I am concerned, representing the

Insurance Commission of Ireland, I should be ready to adopt this suggestion put forward by Dr. Addison. I cannot see that it would lead to anything except efficiency. That is my view.

(*Dr. Latham.*) I agree. I look on this matter from the point of view of the man in the street, and I know that in my own life with one, two or three Institutions which have more or less common ground have to decide any question that they generally solve that question by a Joint Committee. Take a question like the Royal College of Surgeons and the Royal College of Physicians, each have distinct interests and also large interests which cover them both, they will always form a Joint Committee to carry out an investigation or to deal with any particular question, and it seems to me that you can only hope to get prompt and efficient work done on this question by having some committee such as is suggested, or at any rate some formal arrangement, and I do not think we are encroaching altogether on the policy of what has gone before. It seems to me the Cabinet is more or less a Joint Committee of the various Departments of the Government, and we are only suggesting that there should be a small Cabinet of three Departments, I think it is.

(*Dr. Leslie Mackenzie.*) Might I ask, for my own guidance in Scotland, if this is passed for England, the next question will be, we must be bound up in the same way in Scotland?

(*Dr. Newsholme.*) Clearly.

(*Dr. Leslie Mackenzie.*) It is a process capable of very easy extension. What is meant by an Informal Joint Committee of the bodies concerned? The Local Government Board has the President responsible to Parliament and several members, including the Chancellor of the Exchequer, the Prime Minister, and others. The Board of Education has the President of the Council, if I understand rightly in England, with the Chancellor of the Exchequer, and a good many other members. The Insurance Committee has the Chairman of the Insurance Commission, and I understand that all four Insurance Commissions are really administrative Departments of the Treasury, of which the head is the Chancellor of the Exchequer. What is meant by a Formal Joint Committee of these three Departments? Would it not involve the possibility of two shelving the responsibility of any one of them on to any other? For example, at the present moment, if the Local Government Board is remiss in its work—this applies to all the Local Government Boards—the House of Commons is there for the specific purpose of inquiring into it. Assuming some question in which the three bodies are jointly interested comes up, information is wanted, action is delayed. The Joint Committee of the three, whether informal or formal, may or may not be made responsible for the delinquency of all three or any one of the Departments. Personally, I am interested to know what that Joint Committee is, how it will be constituted, what duties will be put to it.

(*Mr. Stafford.*) Before you answer the question, might I make a suggestion to Dr. Addison in regard to this, and that is to omit the words, "either by the establishment of informal Joint Committees," to let it read, "the mutual arrangement in some convenient form whereby," &c. I quite see that what will be said is quite true with regard to Public Departments, to establish Joint Committees of this sort would lead it to, as Mr. Willis said, delay, it would also lead to trouble. I think, if you put simply the elastic phrase of their making "some convenient disposition by which they discussed these things" it would meet the whole thing.

(*Dr. Addison.*) I do not object to that.

(*Mr. Willis.*) I still submit that nothing whatever is necessary, that they do at present make arrangements, and you might just as well make a recommendation that members of the Local Government Board should meet to decide whether a window should be opened top and bottom, or that the officers should be provided with water-closets, or any other obvious things, as to make this recommendation. That is how it strikes me.

(*Dr. Addison.*) I would like to know what Mr. Willis' objection is. There is this Committee between

the Board of Education and the Board of Agriculture. Do you think that was a bad thing or a good thing? If it was a bad thing, why was it a bad thing?

(*Mr. Willis.*) I know nothing of that Committee at all. I can express no opinion upon it. For the last 20 years I have had to deal with Government offices, and I do know how they always consult one another, and they go and see one another, whereas when you a sort of start this idea of setting up an informal Joint Committee, as I say, I think myself you are bringing this Tuberculosis Committee into ridicule if you make that recommendation.

(*Dr. Jane Walker.*) May I add a word, please, to this discussion. Surely it is hardly germane at the present moment, is it, because whatever has or has not been done in the past, surely now, since the Insurance Act has become law, Committees are constantly meeting to the great advantage of the Committees, not to their disadvantage, and there surely can be no reason why the Treasury and Local Government Board and the Insurance Commissioners should not meet and get through their business rather more quickly. I, like Dr. Latham, speak like the man in the street. There is a very general feeling that the Local Government Board, to put the matter quite plainly, does not really get through to let us have the information quite so quickly as they should do. Are we not tilting at a windmill; is not that what we have been wanting to say all the time? If that is so, surely the simplest way will be, if they will be as good, try and join in with the others and let us get through the business a little more quickly than they seem to have been talking about it.

(*Mr. Willis.*) Your complaint of delay is not peculiar to the Local Government Board; it is applicable to all Government offices.

(*Dr. Addison.*) I shall be perfectly willing to accept the suggestion, if it will make it any easier, that Mr. Stafford made. The resolution will then read: "With a view to securing prompt and effective concerted action, and a common trend of effort, the Committee is of opinion that the Government Departments concerned, the Local Government Board, the Board of Education, and the National Health Insurance Commission should make, as has been done before, mutual arrangements in some convenient form, whereby all important questions affecting them shall first be considered jointly by representatives of the three departments."

(*Mr. Willis.*) There is this difficulty too: you are saying that questions concerning these Departments shall be considered jointly by representatives of the three. Now, supposing I have got to deal with a question that merely concerns myself and Sir George Newman at the Board of Education, as that resolution stands, I have to postpone that until I can get somebody from the Insurance Commission who has to come and consider that item with me, who has nothing to do with it; we have to wait and see those three.

(*Dr. Addison.*) It is not a question affecting them.

(*Mr. Willis.*) "Shall first be considered jointly by representatives of the three Departments." Those are your words, not mine.

(*Dr. Addison.*) In order to meet that point, "Shall first be considered jointly by representatives of the Departments concerned."

(*Dr. Newsholme.*) That would mean, as Dr. Addison has now formulated it, a sort of in and out arrangement like some of the proposals for Home Rule. Sometimes you would have a Board of Education where school children were involved, then have a new Committee, omitting the Board of Education, with another re-adjustment; then you might have the Board of Education and the Local Government Board concerned without the Insurance Commission, and then another re-adjustment of the Committee, so it seems to me you are getting into very complex sort of organisation.

(*Dr. Niven.*) It seems to me that we ought not to be giving advice in this matter.

(*Mr. Willis.*) No, of course not.

(*Dr. Addison.*) I feel, with the greatest respect, why in the world we should not give advice. I look on the Government Departments with the greatest possible respect, to the Local Government Board, and everybody

else as being beyond criticism; I am proposing to criticise them.

(*Dr. Leslie Mackenzie.*) You are in the House of Commons for that purpose.

(*Dr. Addison.*) They do subject the public to continual delay and interminable correspondence, an endless delay on several occasions.

(*Mr. Stafford.*) This applies only to England, too.

(*Dr. Addison.*) I have not the slightest desire to say anything to hurt the feelings of the representatives of the Local Government Board; I am sure Mr. Willis recognises that I am solely suggesting something with a view to getting on with the business in time to come, and if any Committee of the Board of Education and Board of Agriculture showed that it was desirable that something of the kind should be done, the only objection I have had yet to this proposal is that they do it already; therefore, why say it.

(*Dr. Leslie Mackenzie.*) How long has that Committee referred to by Mr. Davies been in existence?

(*Mr. Davies.*) Some years now.

(*Dr. Leslie Mackenzie.*) Has it meant more speed in the disposal of questions?

(*Mr. Davies.*) I understand it has.

(*Dr. Addison.*) I understand it is working there.

(*Mr. Willis.*) We have no very definite evidence about that Committee, have we?

(*Dr. Addison.*) There is no objection hitherto that has been raised to this proposal except that they do it already; therefore, it is a reflection upon them to recommend them to do something which they do already. In the Insurance Act we are now starting a huge new scheme, in which these different Government Departments are specially mentioned, as doing certain things by agreement with one another. It is mentioned in the Finance Act, it is mentioned in the Insurance Act—as far as I know it is unique.

(*Mr. Willis.*) Where is the Board of Education mentioned in the Insurance Act or the Finance Act?

(*Dr. Addison.*) Not the Board of Education, I withdraw that, but the Treasury, the Local Government Board.

(*Mr. Willis.*) The Treasury I mentioned, but you have not got them here.

(*Dr. Addison.*) But my point is, here is a new thing with these Government Departments specially mentioned in the Insurance Act, and, therefore, we are considering the general line of policy to administer this Act. Here are these Government Departments mentioned. I can see nothing in reason being likely to cast any reflection on any of them if we say those three Departments are here mentioned in an Act of Parliament, therefore, we think it is desirable that they should act jointly together in some such form as we have suggested so as to avoid delay or unnecessary friction. I am quite sure it will lead to the avoidance of delay and unnecessary friction.

(*Dr. Smith Whitaker.*) They are not mentioned in the Insurance Act. The Tuberculosis administration not merely—

(*Dr. Addison.*) That is only a quibble.

(*Mr. Willis.*) I should like to suggest that this sort of thing is entirely outside the Reference. The Committee are "appointed by the Chancellor of the Exchequer to report at an early date upon the consideration of general policy in respect of the problem of Tuberculosis in the United Kingdom in its preventive, curative and other aspects which should guide the Government and Local Bodies in making or aiding provision for the treatment of Tuberculosis in Sanatoria or other institutions or otherwise."

(*Dr. Addison.*) It is just as much a matter of a part of policy as it is to recommend the construction of these local committees; the Tuberculosis Committee between the County Councils and the Insurance Committee. We recommended there the Tuberculosis Committee. It is true it will be a Committee of the County Councils, but it will be consulted by other representatives on it of the Insurance Committee and so forth. We recommended that; it is an item of administration. If that is within the terms of our Reference, so is this; they are both matters of administration.

(*Dr. Leslie Mackenzie.*) You might answer the question I put to you; what do you understand by an informal Joint Committee?

(*Chairman.*) May I put the resolution? It has been changed: "That with a view to securing prompt and effective concerted action and a common trend of effort, the Committee are of opinion that the Government Departments concerned—namely, the Treasury, the Local Government Board, the Board of Education, and the National Health Insurance Commission—should make, as has been done by other Government Departments, mutual arrangements in some convenient form whereby all important questions affecting the administration, and that tuberculosis should first be considered jointly by the representatives of the Departments concerned."

(*Dr. Niven.*) It wants a good deal of reflection.

(*Dr. Newsholme.*) If the resolution is to go with the enumeration of Government Departments, there are two additional Departments which necessarily must be added to that list: one of them is the Board of Agriculture, which has most important duties in regard to the control of tuberculosis in cattle; and the other is the Home Office, which has most important duties in regard to the control of industrial diseases. A great deal of phthisis in this country is provoked, if it is not actually caused, by dust conditions in factories and so on, and, therefore, it is important we should add the Home Office and the Board of Agriculture to that list, if this Resolution is to enumerate the Government Departments concerned.

(*Mr. Henderson.*) Put them in; it is only showing the greater need for the Committee.

(*Mr. Willis.*) I think the Board of Trade should go in, because they are concerned with the health of the railway workers.

(*Dr. Addison.*) I object to the Board of Trade.

(*Dr. Niven.*) I think this matter requires consideration, it should not be passed until we see exactly what it means. I think it wants reflection; I do not think we are competent to pass such a Resolution.

(*Dr. Newsholme.*) It is perfectly clear; also I think Dr. Addison will accept the suggestion that the word "board" should be altered to "boards," Local Government Boards. He has several times said he does not wish to make any reflection against the English Local Government Board. I think it would be a definite reflection if the English Local Government Board is spoken of alone, when our friends in Scotland and Ireland are allowed to go free.

(*Dr. Addison.*) Why should it be a reflection on one Local Government Board and not on the Treasury; why a reflection on the one and not on the other?

(*Dr. Newsholme.*) You will accept the plural?

(*Chairman.*) That is not the point. This is the administration of England and Wales; the whole heading of the paragraph.

(*Mr. Willis.*) May I ask, is it intended, if that recommendation is passed, to say it shall also apply to Scotland?

(*Dr. Addison.*) I do not see why it should not. I am perfectly willing it should apply to Scotland, but, as I said before, I am not prepared to move it because I am not sufficiently aware of the local conditions, but I should think it a very sound principle that it ought to apply all round.

(*Mr. Willis.*) It really comes to this, that we are proposing that there should be a new Government Office set up to deal with these questions which are now touching several Government Offices, that is all it comes to.

(*Mr. Henderson.*) With regard to Scotland, if it were carried here, is there anything to prevent its being put into operation in Scotland, if it were found that it worked satisfactorily in England?

(*Dr. Leslie Mackenzie.*) I may ask a question, Mr. Chairman, and now it becomes quite practical. It was at first denied that it had any relevance. What is the convenient form? The matter of a Joint Committee is wiped out. What does Dr. Addison suggest? The Board of Agriculture and the other bodies spoken of. There is a Committee working. I want to know what it is we are asked to do?

(*Dr. Addison.*) There are two members on each Board, I believe.

(*Mr. Willis.*) Is that what you contemplate, that each Department should appoint one man?

(*Dr. Addison.*) I am not to commit myself; I am not to tie myself down to details; I prefer to leave that to the Government Departments to thresh them out amongst themselves, but I should think it quite likely, if the Local Government Board appointed two members, and the Insurance Committee two members, one from the Board of Education and one from the Treasury, that will be quite enough, but I will leave it to the Departments concerned; it is quite unnecessary for me, an outsider, to say what is a convenient form.

(*Mr. Willis.*) But you do contemplate really a sort of Committee?

(*Dr. Addison.*) I do.

(*Chairman.*) There seems to be a certain amount of misapprehension, and some members of the Committee are prepared to pour ridicule on this proposal, but it cannot be so ridiculous, because I do happen to know this was agreed to by Sir Horace Monro and Sir Robert Morant, after consideration and consultation, so that there cannot be anything so very ridiculous in it, if Sir Horace Monro accepted it. I brought this forward the other day before the Committee, not on my own initiation, but merely because I knew these two gentlemen had discussed it and had actually agreed to these words. I may have been misinformed or misunderstood it. That is certainly what I understood.

(*Mr. Willis.*) Sir Horace Monro told me definitely himself that he had not agreed to this; I think there must be some misapprehension.

(*Chairman.*) He was lunching with me and he told me he had agreed to it, and he was to tell you about it.

(*Mr. Willis.*) On Monday I saw him, he had not agreed, but Sir Robert Morant had proposed it and it was not considered.

(*Chairman.*) I was only saying it cannot be so ridiculous, because I understood he told me that Sir Robert Morant had accepted it and it was under discussion then with you.

(*Mr. Willis.*) You said it was not so ridiculous, because these two gentlemen had accepted it. One of these gentlemen has not, according to the information he gave me.

(*Dr. Niven.*) There are two or three questions which arise. There is the question how far this is necessary, but there are further questions as to what is going to happen when this Board is constituted. It seems to me that it is quite possible that the whole of the matters which have been already settled as regards the constitution of the local schemes for tuberculosis with the manner in which those can be carried out, that any alterations in regard to the machinery will be considered matters of importance and will be referred to this Joint Committee. I do not think it is merely a question of immediately making a recommendation whether that be necessary or not. In any case, I do not feel that I am in a position, just at the moment, to form a judgment which would allow me to say that I could accept a proposal of this nature.

(*Dr. Smith Whitaker.*) We are still on the question of procedure. I am sure those of us here who represent Government Departments feel in a position of great difficulty in voting on anything like an equality with the other members of the Committee. I do not know whether other representatives of Departments feel that. I feel I should be very much more comfortable if I were not asked to vote on this one way or the other. I felt it my duty to state the views of the English Commission on the matter, but I cannot help feeling, if the other members of the Committee will take the responsibility of this recommendation solely upon them, it will make it very much easier than to ask us to vote on this matter.

(*Mr. Stafford.*) We feel the same difficulty; I feel it would be very difficult for me to vote on this subject because, first of all, Scotland and Ireland are not included, and, for that reason, I have two or three times tried to find a way out. Will you allow me to make just one further suggestion, and it is this? In this Insurance Act there are two Departments which practically must work together. There must be a very free interchange of views between the Local Government Board and the Insurance Commissioners. For better or for worse they have been brought together under this Act, and they have got, in order to make this Act run, to work together. For that reason there

must be interchange of views. Well, I suggest therefore, that it might read in this way: "That the Local Government Board and the Insurance Commission " should arrange for the free interchange of views " with regard to the working of this Act." That is a very general statement, but at the same time it brings the two Departments who are really interested in coming to an arrangement with Local Authorities—the Treasury really have not got very much more than to agree in the end to what had been suggested to them, but the two Departments that are going to deal with Local Authorities are the Local Government Board and the Insurance Commissioners. If they agree with regard to the requirements they would have to agree with regard to that. The Local Government Board would have to go into all those Local Authorities and they would have to make suggestions to them as to what the requirements of their various districts are, but until they know what the views of the Insurance Commissioners are with regard to the requirements of their various districts, I do not see how they are to instruct local authorities as to what they are to do; therefore, I would suggest as a way out—it might be thought a very general statement; a very mild statement—that they might arrange a free interchange of views with regard to the working of this Act.

(*Dr. Mearns Fraser.*) We have agreed upon every point so far except this one point; would it be possible, in order to get a unanimous Report—I conclude certain gentleman will not sign this Report, or will not agree to it, if this Resolution is carried—would it be possible to let the gentlemen concerned talk it over again and bring it up to-morrow?

(*Mr. Henderson.*) Surely, Mr. Chairman, we have not got to this impasse because we cannot agree, or that a Departmental representative cannot agree on this one small suggestion, that they are not going to sign this Report. I think if that is the position we have got to, the sooner they say so the better.

(*Dr. Leslie Mackenzie.*) No, Mr. Chairman, the position is as stated by Dr. Smith Whitaker, that is representing our Departments, we are committing our Departments, namely, for Scotland, the Secretary of State for Scotland, to a proposition that he has not had an opportunity, as far as I am aware, of discussing at all, and I cannot personally, for example, commit the Local Government Board for Scotland, which consists of six members, that have never discussed this question in any way whatever, to any conclusion of this Committee: I could not do it.

(*Mr. Henderson.*) But, Mr. Chairman, to a point of order, are our friends here representing their Departments?

(*Dr. Leslie Mackenzie.*) Excuse me, Sir, I am not representing my Department.

(*Mr. Henderson.*) I am not on this Committee representing my party, and you are not here representing your Department. I am not to consult my party as to what I do in regard to this Report, I am here to use my own independent judgment, and surely on a point like this, merely suggesting that some convenient method of expediting, after all that is what it resolves itself into, if we are doing work or going to set into motion machinery that involves some Department, and we are merely suggesting out of experience that something should be done to get the work involving a Department, involving two Departments, involving half a dozen Departments, done properly, surely there is no reason that that is to go to Scotland and be discussed with the Local Government Board or by any other board before a mere suggestion like that can be adopted by the members of this Committee.

(*Dr. Leslie Mackenzie.*) In making that statement you are making a great many assumptions. First, I do not admit that there has been any delay in Scotland in connection with this matter, on the contrary, we have considered it very frequently. There is no case so far as Scotland is concerned; if there is, I am here to discuss it.

(*Mr. Henderson.*) I never made a single assumption with regard to Scotland. We are not discussing Scotland. As has been said repeatedly, I speak from my experience of the Local Government Board, the Treasury, the Board of Education, and the other

Departments that I have come in contact with, as a representative of an English constituency, and I hope Dr. Leslie Mackenzie will withdraw the statement that I made a single assumption against Scotland.

(*Dr. Leslie Mackenzie.*) I quite withdraw at once if I misunderstood what Mr. Henderson said, but I understand the proposal now is that this should apply to Scotland.

(*Dr. Addison.*) There was no proposal of the kind. We propose it under the administration in England, and if I take Dr. Leslie Mackenzie aright, it seems to me what his Board would say is, "We do that already." He says they do. This is the main contention which he has brought before us. So they do in Ireland.

(*Mr. Stafford.*) So they do in England, I understand.

(*Mr. Willis.*) Quite.

(*Dr. McVail.*) My own position is this: as a member of this Committee it is open to me to vote or not to vote, according as I think I have sufficient information to guide me in voting correctly or not. I do not know which is the better course. It is open to me to abstain. I do not know the conditions of England sufficiently to form an opinion whether this Resolution is necessary or will be useful or not, and, therefore, I intend not to vote at all as not having information enabling me to decide one way or the other.

(*Mr. Willis.*) There is no objection, of course, to saying in his Report "that many of the questions to be dealt with affect more than one Government Department, and arrangements should be made, or will no doubt be made, to prevent delay." That one does not mind at all. This started with a definite proposal that there should be a Joint Committee. The words "Informal Joint Committee," I understand, are dropped out directly you press Dr. Addison as to what he does mean. Of course, he still has in his mind the nomination of one or two people representing each of these Departments as a sort of Permanent Standing Committee to deal with these matters. Well, if you do that, you have to call that Committee together, and you cannot move without having called that Committee together. If this plan were adopted, and if the man nominated by the Board of Education happened to be ill, well, you would have to wait until he was well and all that kind of thing.

(*Dr. Addison.*) Nothing of the kind.

(*Mr. Willis.*) Mr. Henderson put it, some means should be taken to avoid waste of time.

(*Dr. Addison.*) That would not be a mutually convenient form, a mutually convenient arrangement; it would be a mutually inconvenient arrangement and a grossly absurd one.

(*Chairman.*) I understand that you have some alternative words that you will suggest; will you put them before the Committee?

After a pause,

(*Chairman.*) Before I read the Resolution, and put it before you, I will only say that I do hope that if there is any disagreement, as I am afraid seems likely on this particular point, it will not extend to other portions of the Report, because I think it must have been most satisfactory to every single member of the Committee to find really how largely we could agree upon all the questions that have been before us. We have all given and taken right along, and I do hope that the division on this particular question will be limited entirely to this question, and will not extend to any other part of the Report. Now, the Resolution as before the Committee runs as follows: "With a view to securing prompt and effective concerted action and a common trend of effort, the Committee are of opinion that the Government Departments concerned, such as the Treasury, the Local Government Board, the Board of Education and the National Insurance Commissioners, should make, as has been done by other Government Departments, mutual arrangements in some convenient form whereby all important questions affecting the administration of Tuberculosis, should first be considered jointly by representatives of the Departments concerned."

(*Dr. Mearns Fraser.*) Put the Board of Agriculture in there, Sir.

(*Dr. Smith Whitaker.*) We have said "such as."

(*Chairman.*) "Such as."

(*Dr. McVail.*) I am a spectator, but it occurs to me whether you might not make the Resolution less objectionable by leaving out "as other Government Departments have done."

(*Chairman.*) What?

(*Dr. McVail.*) Leaving out the reference to other Government Departments.

(*Chairman.*) To show it is nothing original, it was put in.

(*Mr. Stafford.*) I think we might limit it to the Insurance Commission and the Local Government Board.

(*Chairman.*) The Treasury?

(*Mr. Stafford.*) How are we in Scotland and Ireland to come over and consult the Treasury?

(*Dr. Addison.*) It would not be a convenient form.

(*Mr. Stafford.*) That it certainly would not.

(*Dr. Mearns Fraser.*) Simply say, "Government Departments concerned."

(*Dr. Niven.*) This is really a recommendation to form a certain Government Department

(*Mr. Willis.*) That is what it comes to.

(*Dr. Niven.*) I must protest; I am not in a position to make any such Recommendation.

(*Mr. Willis.*) Dr. Newsholme did suggest this; I think it is less objectionable: "In questions in which several Government Departments are concerned arrangements will, the Committee are confident, be made to secure that delay shall not occur."

(*Dr. Smith Whitaker.*) It seems to me that is so indefinite, it amounts to nothing. Also it does not make specific reference to Tuberculosis administration so as to be within the Reference.

(*Mr. Willis.*) It is all governed by this.

(*Chairman.*) The Resolution as now worded is as follows: "With a view to securing prompt and concerted action, and a common trend of effort, the Committee are of opinion that the Government Departments concerned, such as the Local Government Board and the National Health Insurance Commissioners, should make, as has been done by other Government Departments, mutual arrangements in some convenient form whereby all important questions affecting the administration of Tuberculosis should first be considered jointly by the representatives of the Departments concerned."

(*Dr. Niven.*) I should like to be quite clear, what is an "important question"? For example, supposing a scheme is put forward. My question is, what is an "all important question"? What do we mean by an all important question?

(*Chairman.*) We will leave out "all," "whereby important questions."

(*Dr. Niven.*) That makes matters, which are matters of Local Government, important questions.

(*Chairman.*) "Administration of Tuberculosis."

(*Mr. Willis.*) I would like just to mention this. I left here at 3 o'clock to-day to go over to the Local Government Board to see the Stoke-on-Trent Corporation who wanted to talk on a scheme of Tuberculosis. Mr. Wedgwood, the Member there, was very much pressed that somebody should see them and talk about it. We had wished to put it off because of this Committee. Now, if you have got this sort of thing, whenever a Corporation wished to come and discuss a thing with the Local Government Board, you would have to send out to all these Government Departments and say to them, "Look here, it is quite possible some important administrative question may turn up that we cannot deal with," so you are limited in the matter.

(*Dr. Addison.*) If it was a matter concerning the Local Government Board administration, it would not concern anybody else; it would not concern the Insurance Commission, that.

(*Dr. Leslie Mackenzie.*) The wording there is "respecting Tuberculosis administration."

(*Chairman.*) "The administration of Tuberculosis."

(*Dr. Leslie Mackenzie.*) It means the whole working of the Public Health Act in Scotland as I have

expounded in the part of the Report. Does it mean that now, while formerly we had our own duty under the Public Health Act as Central Authority, before we can do anything for Tuberculosis we have to consult the Treasury and the Insurance Commissioners in questions not affecting insured persons at all, because Tuberculosis affects everybody, insured or not insured?

(*Dr. Addison.*) You might say "under the Insurance Act" if you like; I am quite willing to do that.

(*Dr. Leslie Mackenzie.*) But the Insurance Act, under section 64, covers all forms of Tuberculosis. Where consultation is specially provided for by the Act it is "with the approval of the Treasury who consult the Insurance Commissioners." It is already provided for.

(*Dr. Addison.*) All important questions under the Insurance Act.

(*Dr. Leslie Mackenzie.*) Personally, I cannot vote on the question; I am like Dr. McVail, I do not know enough about it.

(*Chairman.*) The Resolution now is: "With a view to securing prompt and concerted action and a common trend of effort, the Committee are of opinion that the Government Departments concerned, such as the Local Government Board and the National Health Insurance Commissioners, should make, as has been done by other Government Departments, mutual arrangements in some convenient form whereby important questions under the Insurance Act affecting the administration of Tuberculosis should first be considered jointly by the representatives of the Departments concerned."

(*Mr. Willis.*) I suppose you mean by that "considered jointly," that they must assemble in a room jointly to consider them.

(*Dr. Addison.*) I did not mean anything in a mutually convenient form, stand round a table or meet round a lamp-post if it is convenient.

(*Chairman.*) You have heard the Resolution; will those in favour kindly signify by holding up their hands?

A show of hands was taken.

(*Mr. Willis.*) Although I am not voting against, it is quite clear I oppose.

(*Dr. Niven.*) I did not vote against, because I do not consider that I am called upon to consider this question and to give advice upon it.

(*Dr. Smith Whitaker.*) Can we take this other branch on administration?

(*Chairman.*) Might I suggest that at the beginning we should put in "in the opinion of the majority of the Committee."

(*Dr. Leslie Mackenzie.*) Would it not be more appropriate just to say who have voted for it and who did not vote?

(*Dr. Addison.*) I think it would be excellent.

(*Dr. Leslie Mackenzie.*) Just simply record the names.

(*Dr. Addison.*) Those who voted for it and those who abstained.

(*Dr. Leslie Mackenzie.*) Those who abstained from voting.

(*Chairman.*) We could put a little asterisk and put the names in, "In the opinion of the majority of the Committee," and then put those who did not vote in a foot-note.

(*Dr. Leslie Mackenzie.*) Anything that puts it on record.

(*Dr. Smith Whitaker.*) I hope, before the Committee disperses this afternoon, this question that was postponed on paragraph 31 will be taken.

(*Chairman.*) Do you agree to 31? I think we might take 31 now; it has been before us several times and it has always been postponed. I think we might settle 31 one way or the other and then break up.

(*Dr. Smith Whitaker.*) Shall I introduce this alternative draft—is that the one?

(*Chairman.*) Yes.

(*Dr. Smith Whitaker.*) At the last meeting you will find it recorded in the Minutes it was agreed before the statement, the substance of which is contained in 31 as to the County Councils being the bodies to be primarily responsible, there should be some statement of the difficulties that led us to that conclusion. That

statement you will find in the draft here, in the paragraph beginning: "In previous paragraphs of the Report the parts have been described which are, or may be, played in the provision of institutions, (1) by various public authorities, including County Councils, County Borough Councils, and Local Sanitary authorities, and (2) by charitable and other private bodies and persons. It is clear that some public authorities, in the exercise either of powers conferred by the Insurance Act, or powers previously held, could both (a) undertake the independent provision of necessary institutions of all kinds, and (b) themselves defray the entire cost of maintenance and treatment in such institutions of persons resident within their respective areas who were suffering from tuberculosis in any form. An authority, whether a County Council, a County Borough Council or a Local Sanitary Authority might thus conceivably provide separate institutions under its own sole control for the treatment of persons, the cost of whose maintenance and treatment therein it entirely defrayed. If, however, a policy of independent provision of this kind were widely pursued, it would obviously result in unnecessary multiplication of institutions many of which were too small for economical and efficient management. Some combination of authorities for the purpose is therefore clearly desirable, and is specifically provided for in the Insurance Act." That is new and is put forward as a statement of the reasons. Then, it will be observed that a comparison of the next paragraph with paragraph 31 as standing in the front, that it is simply a condensed statement of the contents of that paragraph. It is more concise and puts the point more shortly. "Having regard to the different classes of institution which are required, to the variety of the cases to be dealt with, and to the proper organisation, of comprehensive, efficient and economical schemes, the Committee are of opinion that the unit area should generally be that of a County, a County Borough, or in some cases a group of Counties and County Boroughs, and that the organisation of schemes will best be carried out if undertaken by the County or County Borough Council or by a Joint Committee in cases of combinations. While the Council, or Joint Committee should be the body legally responsible for the provision and maintenance of the institutions required, we consider that in formulating a complete scheme for an area, they should consult in reference thereto the Minor Sanitary Authorities and also the Insurance Committees which are interested. The Committee are confident that these bodies, recognising the services that have been rendered in the past by voluntary effort, will encourage the continuance of such services by making the utmost use of the provision which private liberality has made available. Every endeavour should be made to include in the local scheme institutions and associations which are carried on by private effort." I submit that, Sir, as an alternative draft. It brings the arguments out, and in the latter part is shorter than the statement previously made.

(*Mr. Davies.*) On that, may I ask whether the concluding paragraph there means that these voluntary bodies shall be included in a scheme of representation of these combined bodies? Does it mean that they are to be represented on these bodies, or does it simply mean that they are to have some kind of representation? Does the concluding paragraph which you read, mean that these voluntary bodies are to have representation on these Joint Boards of Local Authorities and Insurance Committees?

(*Dr. Smith Whitaker.*) Well, practically, I may say, Sir, I incorporated that sentence which Mr. Davies will find in paragraph 31 of the print, page 16; the first paragraph from the second sentence: "The Committee are confident," to the end; I simply put that in because it was a reference to these voluntary bodies which were contained in the previous Report, and I put it in so as to maintain the sense of the previous draft.

(*Chairman.*) May I suggest on the question of position, Dr. Jane Walker suggested that it was not quite strong enough, and I have understood from her

the words should have been changed to this effect: "The Committee are of opinion that these bodies, recognising the services that have been rendered in the past by voluntary effort, should encourage the continuance of such services." It is a little bit stronger; I gather that is Dr. Jane Walker's suggestion. I merely put it because she is not here now.

(*Mr. Davies.*) I want to go further than that and say that representatives of these bodies should be co-opted on to these *ad hoc* authorities. Dr. Smith Whitaker's proposition is to combine County Councils or to have authorities, representatives of various County Councils, and to combine them into one authority for running these institutions like the Education Authorities. I do not see why these bodies should not co-opt.

(*Chairman.*) An Act of Parliament would be required.

(*Mr. Willis.*) Perhaps I might say, Mr. Chairman, that Dr. Smith Whitaker showed me this before. My only reason for not accepting it before is that I did not think it made very much difference. He very much prefers it. I do not object to its going in; I accept it.

(*Dr. Niven.*) I think you might put out the word "conceivable"; I do not like that word "conceivable."

(*Mr. Henderson.*) I want to raise a point, Mr. Chairman. Here you talk about consulting the Minor Sanitary Authorities; should we not do more than consult them? If it is an urban district council which is responsible for a fairly good area, not up to the standard of a county borough, I think they should be entitled to some representation.

(*Mr. Willis.*) On that, Mr. Henderson, there is a little paragraph in 32.

(*Dr. Smith Whitaker.*) This is for the formulation of schemes.

(*Mr. Henderson.*) Are you merely talking about consulting them? I merely wanted to suggest the words at the end of the sentence, "and provide for their representation"; Mr. Willis has pointed out to me where it is met.

(*Chairman.*) I gather that the alternative proposal on the typed sheet is accepted by the Committee instead of 31 as it is in the Government draft with the alteration.

AGREED.

(*Chairman.*) Well, Gentlemen, meet again to-morrow morning at 10.30.

(*Dr. Latham.*) Do you think it likely that we shall finish at mid-day?

(*Chairman.*) As far as I am concerned, I hope so. What I am to do now is to get these various alterations that we have accepted sent to the Government printers. I hope to have the revised draft before the Committee, but I am afraid that will not be until after lunch.

(*Dr. Niven.*) Do you think we shall finish to-morrow?

(*Chairman.*) I think we ought to finish to-morrow, and that then the draft Report will be ready for publication.

Adjourned till to-morrow at 10.30 a.m.

TUBERCULOSIS COMMITTEE.

EIGHTH DAY.

Wednesday, 24th April 1912.

PRESENT :

MR. WALDORF ASTOR, M.P. (*Chairman*),
presiding.

MR. CHRISTOPHER ADDISON, M.P., M.D.

MR. N. D. BARDSWELL, M.D.

MR. DAVID DAVIES, M.P.

MR. A. MEARNS FRASER, M.D.

MR. A. LATHAM, M.D.

MR. W. LESLIE MACKENZIE, M.D.

MR. J. C. McVAIL, M.D.

MR. W. J. MAGUIRE, M.D.

MR. ARTHUR NEWSHOLME, C.B., M.D.

MR. JAMES NIVEN, LL.D., M.B.

MR. MARCUS PATERSON, M.B.

MR. R. W. PHILIP, M.D.

MR. T. J. STAFFORD, C.B., F.R.C.S.I.

MISS JANE WALKER, M.D.

MR. J. SMITH WHITAKER, M.R.C.S.

MR. F. J. WILLIS.

MR. ORME B. CLARKE (*Secretary*).

(*Chairman.*) We had better go back to page 12, the Second Unit, where we left off yesterday. I think we were on Sanatorium Site, and Dr. Paterson has a point he wishes to raise.

(*Dr. Paterson.*) Well, if we are going to put in anything about site at all, I think it is necessary to mention that we want to get a place with as low a rainfall as possible, because I take it, it is the intention of this Committee that in the future patients should be employed at sanatoria rather than the old system of doing nothing, and it certainly is much more pleasant to work when it is not raining, than when it is constantly raining, so I suggest after the words "sloping site" we should introduce "with as low a rainfall as possible."

(*Mr. Stafford.*) I thought really we decided this yesterday. I do not think we ought to go back upon all these things, backwards and forwards upon them. We will never get to the end of this Committee, if you do. If we do suggest this, it is a ridiculous suggestion as regards Ireland and Scotland, if you are to look for a place with no rainfall.

(*Chairman.*) Dr. Paterson does not say where there is no rainfall, he says where there is as small a rainfall as possible.

(*Mr. Stafford.*) It is a ridiculous suggestion, as far as Scotland and Ireland are concerned, and I think it is a ridiculous suggestion as far as England is concerned.

(*Chairman.*) What is the feeling of the Committee? I gather you would be against the proposal.

(*Dr. Leslie Mackenzie.*) I understand Dr. Paterson suggests the place with the lowest rainfall.

(*Chairman.*) His words are, "with as low a rainfall as possible."

(*Dr. Leslie Mackenzie.*) I do not see any harm.

(*Dr. McVail.*) Would not this do, "other things" being equal, a low rainfall is desirable, but is not "essential." That would sufficiently indicate, I think, what Dr. Paterson wants, I asked that, when the question was put originally.

(*Dr. Philip.*) If the words Dr. McVail has suggested were adopted, I would have no objection, otherwise I have an objection, it traverses one of the most important points, namely, that we should not send our sanatoria so far away.

(*Dr. Paterson.*) Leave out site altogether if you like; I do not object to that, but if we do mention site in England, at any rate, which has got 33,000,000 to be thought of, I think if we are going to employ our patients, we should advise the local bodies to get as small a rainfall as possible. It may be that 60 is small, but we ought to go there rather than to a place with 80, because I have had the practical experience, which very few of you gentlemen have had of having

to encourage the patients to work in the rain, and it is very essential that we should have this point.

(*Dr. Mearns Fraser.*) There can be no harm in putting it in.

(*Chairman.*) Would you accept Mr. McVail's wording, "other things being equal, a small rainfall is desirable."

(*Dr. Paterson.*) I do not think it is "other things being equal." If the patients are to be employed out-of-doors, we want to get as low a rainfall as possible. I do not see any objection to the words, it is simply "as low a rainfall as possible."

(*Dr. McVail.*) Well, would this do, "a low rainfall is desirable, but is by no means essential"; you do not put in, "other things being equal."

(*Dr. Latham.*) Dr. Paterson will accept "a low rainfall is advantageous," which covers it.

(*Dr. Paterson.*) Yes, as long as you mention the fact that the low rainfall is an advantage, that is all I want to put in. I am not trying to force it on the Committee.

(*Chairman.*) Does that meet your point, "A small rainfall is advantageous."

(*Dr. McVail.*) "But is not essential."

(*Dr. Paterson.*) I would not have "but is not essential."

(*Dr. Philip.*) I will not have it without that. We are not going to be tied up in Scotland to build all our sanatoria on the East coast.

(*Dr. Newsholme.*) Unless Dr. Paterson will accept Dr. McVail's modification we had better omit the reference to rainfall altogether.

(*Dr. Paterson.*) Omit the reference to site altogether.

(*Mr. Willis.*) When we discussed this before it was the view of the Committee that the low rainfall was not essential, but it was desirable to prevent these people going out and getting wet.

(*Dr. Niven.*) Simply say "a low rainfall is desirable."

(*Chairman.*) "Is desirable," if possible.

(*Dr. McVail.*) "Is desirable, where practicable"; well, that is the same thing.

(*Chairman.*) Any other points?

(*Dr. Philip.*) I think that sentence, "A more isolated position is usually advisable," should be omitted.

(*Dr. Bardswell.*) They usually are more or less isolated, are they not?

(*Dr. Paterson.*) You cannot get land cheap unless it is isolated.

(*Dr. Philip.*) That is what I say, but it is rather traversing an important doctrine held by some persons that sanatoria should, where possible, be reasonably near a centre.

(*Dr. Latham.*) We tried to meet you, we thought we had met you by putting in the first sentence with which some of us do not agree, "Treatment can be carried out satisfactorily in sanatoria situated close to large cities." You cannot have it both ways.

(*Chairman.*) It is very vague; it is merely put, "is usually advisable."

(*Dr. Niven.*) It does not bind you.

(*Mr. Willis.*) What paragraph are we on?

(*Chairman.*) Page 12, the last paragraph. This is very vague, Dr. Philip, is it not?

(*Dr. Philip.*) If you put in the words before that, at the end of the first sentence, "Treatment can be carried out satisfactorily in sanatoria situated close to large towns"; it is important to keep this in view, but land so situated, I do not mind.

(*Dr. Niven.*) The words are quite clear.

(*Dr. Bardswell.*) They were very carefully arrived at after a lot of trouble.

(*Dr. Mearns Fraser.*) This has all been agreed to before.

(*Dr. Niven.*) It is simply saying the same thing in different words.

(*Dr. Philip.*) It seems to me a most essential principle; I am very sorry.

(*Chairman.*) Why not begin the sentence, "It is important to realise that treatment can be carried out satisfactorily in sanatoria situated close to large towns." Does that meet the view of the Committee? "It is important to realise that treatment can be

"carried out satisfactorily in sanatoria situated close to large cities, but such a situation will increase the cost of erection and maintenance."

(*Dr. Paterson.*) What is the point? I do not see it.

(*Dr. Philip.*) The point I pressed at first, sir, is that, so far as possible, these institutions should be within easy reach of the population that is served, and unless you put in something such as you yourself have suggested —

(*Dr. Niven.*) I think it would suffice Dr. Philip to change it to "or."

(*Chairman.*) The accessibility is on the following page, on page 13 at the top, "and should, so far as possible, be easy of access to the patients' friends."

(*Dr. Niven.*) Yes, I think it is amply covered.

(*Dr. Latham.*) This matter was considered by a sub-Committee, and, I think, the majority of us have gone as far as we can in the words which are before you.

(*Dr. Paterson.*) As a matter of fact, if you take most sanatoria that have been built of recent years, they have not been built close to a large city. I think Dr. Niven can tell us that at Manchester they have two sanatoria, and they are a good way off.

(*Chairman.*) Surely Dr. Philip, the statement that they can be carried out, or shall we put it "can be and has been carried out." Would that meet your view?

(*Dr. Niven.*) There is nothing necessary; it is quite clear.

(*Chairman.*) "Treatment can be and has been carried out."

(*Mr. Willis.*) There is one small point on that sentence, Mr. Chairman, "Such a situation will increase the cost of erection and maintenance," I rather doubt whether the cost of erection and maintenance of a building will be more near a city than a long way away.

(*Chairman.*) The land will be more expensive, and the rates.

(*Mr. Willis.*) Well, say this, "Land so situated will increase the cost of a site."

(*Dr. Niven.*) In some respects the cost will be diminished.

(*Mr. Willis.*) And possibly also the cost of erection and maintenance.

(*Dr. Niven.*) The cost of maintenance in important respects will be increased by having it at a distance, because you have to carry your patients backwards and forwards.

(*Mr. Willis.*) Quite, that is the other way round. The site is dearer nearer the town.

(*Dr. Niven.*) Why not strike out these words altogether, "will increase the cost of erection and maintenance."

(*Chairman.*) Surely the rates are higher, are they not?

(*Mr. Willis.*) Not necessarily.

(*Chairman.*) Usually.

(*Mr. Willis.*) Five miles out of town.

(*Dr. Jane Walker.*) There is the question of garden and farm produce. There the cost of maintenance will be increased nearer town, in the sanatorium in the country you have your own garden and grow your own vegetables.

(*Chairman.*) We are speaking now of a sanatorium with a certain acreage round it, not merely building.

(*Dr. Jane Walker.*) Surely near a town, half an acre, roughly, to a person—it would be prohibitive close to a town.

(*Mr. Willis.*) Not close to a town.

(*Dr. Philip.*) We are not speaking of close to a town.

(*Mr. Willis.*) I was not reading it that anybody would build quite close.

(*Chairman.*) "Will increase the cost of erection, and probably the cost of maintenance."

(*Dr. Philip.*) No, sir, I think it diminishes the cost of maintenance.

(*Chairman.*) The cost of site.

(*Dr. Niven.*) Contracts are cheaper nearer town. This should be cut out; cut it out altogether.

(*Mr. Willis.*) "Will increase the cost of a site and possibly also of maintenance."

(*Dr. Jane Walker.*) Your servants' wages cost more money nearer town. Servants are cheaper in the country; there are lots of things to be taken into consideration.

(*Chairman.*) The Secretary will read it now.

(*The Secretary.*) "Treatment can be and has been carried out satisfactorily in sanatoria situated close to large towns, but such a situation would increase the cost of a site and possibly also of maintenance."

(*Dr. Philip.*) I would prefer the words "tends to" in place of "will" because our experience is quite in opposition to this, you may say, "tends to" if you think so, but it does not certainly.

(*Mr. Willis.*) There is no objection to "tends to."

(*Dr. Philip.*) It is all about nothing, this.

(*Dr. Latham.*) What is the cost of maintenance at your sanatorium that you were speaking of?

(*Dr. Philip.*) You mean per bed?

(*Dr. Latham.*) Per bed.

(*Dr. Philip.*) 20s. or 25s.

(*Mr. Willis.*) You know you can often buy food cheaper in a town than in the country.

(*Dr. Latham.*) Quite, but you have rates and taxes.

(*Mr. Willis.*) I mean five miles out of a town, you can often buy food cheaper than you can 50 miles out of a town.

(*Chairman.*) I will ask Mr. Clarke to read it again.

(*The Secretary.*) "Treatment can be and has been carried out satisfactorily in sanatoria situated close to large cities, but such a situation tends to increase the cost of site and possibly also of maintenance."

(*Chairman.*) Does that meet with your approval?

(*Dr. Bardswell.*) "Possibly also"?

(*The Secretary.*) "And possibly also of maintenance."

(*Dr. Mearns Fraser.*) Near a town you get all your carriage, your contracts better; it must be cheaper to obtain; and as to salaries, people are more likely to demand large salaries away from a town than near to a town.

(*Dr. Niven.*) It really does not matter.

(*Chairman.*) "And may increase."

(*Dr. Jane Walker.*) "And may tend to increase."

(*Dr. Mearns Fraser.*) I should have been inclined to put "and possibly diminish cost of maintenance."

(*Dr. Bardswell.*) We may leave out maintenance altogether; personally I am inclined to leave it out altogether.

(*Dr. Jane Walker.*) I am prepared to leave it out altogether.

(*Dr. Paterson.*) And leave it at "site."

(*Chairman.*) "Will tend to increase the cost of site"; end it there. On the following page 13; anything there?

(*Dr. Paterson.*) I should suggest that for "convenience of transport and health. The sanatorium" should not be at a greater distance than three miles "from the railway station," and stop there; the remark that it is to be of easy access to the patients' friends is unnecessary.

(*Dr. Bardswell.*) I agree; inadvisable.

(*Dr. Latham.*) Stop at the words "railway station."

(*Dr. Bardswell.*) Trains are a great nuisance.

(*Dr. Jane Walker.*) About three miles.

(*Dr. Paterson.*) About three miles.

(*Chairman.*) Dr. Paterson, you suggest to leave out the last part of that sentence "and should so far as possible be easy of access to patients' friends"?

(*Dr. Paterson.*) Yes, it is unnecessary.

(*Dr. Bardswell.*) I would support that.

(*Dr. Jane Walker.*) I would support that.

(*Dr. Philip.*) You cited that very phrase as a justification for not impressing the fact before.

(*Chairman.*) I merely said it is in the paragraph.

(*Dr. Philip.*) And now you propose to withdraw it; it destroys the whole argument.

(*Dr. Bardswell.*) What argument?

(*Dr. Mearns Fraser.*) What is the advantage of having it nearer the patients' friends, these are not dying cases, but cases you want to cure.

(*Chairman.*) I thought your point had been met.

(*Dr. Philip.*) I am told it is going to go out.

(*Chairman.*) What is your point; what do you want to put in if this comes out?

(*Dr. Philip.*) I wish to accentuate what I believe to be the sound economic principle that it is a mistake to withdraw necessary sanatoria from large centres which they serve, and, while I have yielded very much in relation to this whole doctrine, I do not want to

yield it too much. Economically it is an enormous advantage to the country that we do not press for the doctrine that sanatoria should be in every case away from the centres; contrariwise I believe there are many advantages in favour of having them reasonably close.

(*Dr. Paterson.*) What are the many advantages?

(*Dr. Philip.*) If you are to re-open this whole discussion —

(*Dr. Bardswell.*) Of easy access to the district served.

(*Mr. Stafford.*) But surely, access to the patients' friends is a very reasonable thing to suggest.

(*Dr. Paterson.*) Not in a sanatorium, I do not think.

(*Mr. Stafford.*) I do not think so; I know in Ireland we will not get people to go to a sanatorium unless they are within reasonable access of their friends.

(*Chairman.*) It is qualified, "and should so far as possible." It does not bind you.

(*Dr. Bardswell.*) "Easy access."

(*Mr. Davies.*) I have an amendment later on, on the paper proposing to set up a clearing house for the different sanatoria which are to be erected throughout the country, which has as its object the filling up of these sanatoria, keeping them constantly filled, so that people may come from the South of England to the North or from the North to the South; supposing the sanatorium in one district is full and that there are patients waiting for admission there, that they should be sent to some other district which may be possibly miles away from the place in which they live. If these words are retained in the report, it will more or less smash up that system of having a clearing house for all these sanatoria, so that they may be kept constantly full and may be most economically and efficiently utilised. And I think you should not insist upon the accessibility of the patients' friends. I thought that had already been met. Dr. Philip's point had already been met in the provision of the hospitals, that the hospitals should be attached to the dispensaries, and that all the dying cases and the acute cases may be treated in these hospitals, and that these hospitals would be quite near their friends, and that all the cases we intended should go to the sanatoria were not acute cases or dying cases, and that, therefore, there was really no need that they should be near their homes.

(*Dr. Niven.*) Quite; it really is a great advantage not to be easy of access to patients' friends for early cases. On the other hand, it is a great advantage to have the place easy of access to the patients' friends if they are more advanced cases, and it really is a mixing up of the hospital and the sanatorium, and I do not see the use of it at all.

(*Mr. Willis.*) We might alter the sentence to this: "For convenience of transport and haulage the sanatorium should be at a convenient distance from a railway station," and stop there.

(*Dr. Paterson.*) Yes.

(*Mr. Willis.*) It is better than mentioning three miles, simply say "a convenient distance."

(*Chairman.*) It makes it accessible also.

(*Mr. Willis.*) It makes it accessible.

(*Chairman.*) Is that agreed?

(*Dr. Jane Walker.*) Yes.

(*Dr. McVail.*) Add to "transport and haulage" the word "accessibility"; "for convenience of transport and accessibility."

(*Dr. Philip.*) Yes, I think that would meet me; the other thing does not meet me at all.

(*The Secretary.*) The sentence now runs "For convenience of transport, and for accessibility, the sanatorium should be within a convenient distance of a railway station."

(*Chairman.*) Pass?

AGREED.

(*Chairman.*) "Medical Staff": any more on that?

(*Dr. Philip.*) Half an acre per patient is a fair allowance, but less may suffice.

(*Mr. Willis.*) Yes, I think it is desirable not to be too cut and dried about that.

(*Chairman.*) "The making of a kitchen garden, &c."; ought we not to have "farm"?

(*Dr. Bardswell.*) That is included, I think, in "kitchen garden."

(*Chairman.*) Well, kitchen garden, half an acre of kitchen garden is much too much.

(*Dr. Bardswell.*) The question of work comes in.

(*Chairman.*) "Kitchen garden, farm," &c., ought to come in, because half an acre seems absurd for a kitchen garden.

(*Dr. Niven.*) I think if you say half an acre per patient is a large allowance, it would be more to the purpose, because you are not going to get half an acre as a rule. It is asking the impossible to put "half an acre"; half an acre is a fair allowance.

(*Dr. Latham.*) Modify it by saying "less will suffice."

(*Dr. Niven.*) Say "a large allowance"; these are putting down conditions that no one can fulfil. It is not necessary, besides.

(*Chairman.*) It is suggested that after "graduated work" the words "on the land" should be inserted, so that the sentence would read "The size of the site" should be sufficiently large to allow of scope for "graduated work, the erection of workshops, the making of a kitchen garden," &c.

(*Dr. Leslie Mackenzie.*) It would be very doubtful to make that limitation, Mr. Chairman. I had some conversation at Rome with men experienced in sanatoria, and an objection was to confine the work to work on the land.

(*Mr. Willis.*) It does not confine it.

(*Dr. Leslie Mackenzie.*) It says "graduated work on the land."

(*Mr. Willis.*) That is what you want the land for; the other is not on land.

(*Dr. Leslie Mackenzie.*) You might be providing other things on the land, and then it is not merely farm work; you are confining everybody to farm work.

(*Dr. Paterson.*) "The erection of workshops" covers that.

(*Chairman.*) "The erection of workshops," I think, meets that point.

(*Dr. Latham.*) I do not think you can have on the land scope for graduated work on the land. Graduated work is a term of land, it means graduated work in a variety of senses.

(*Mr. Willis.*) But surely, Dr. Latham, you are here only talking of the site, and you are saying, in order for these patients who want graduated work on the land, you are to have plenty of land. If there are other forms of graduated work not requiring a site, we are not dealing with them here, we are not saying that this is the only form of graduated work.

(*Dr. Latham.*) It is suggested all the same.

(*Mr. Willis.*) Do you think so?

(*Dr. Addison.*) It is met by the Chairman's original proposal.

(*Dr. Niven.*) There might be graduated work in gardens; they might have small gardens. They need not go and work on the land as farm labourers.

(*Dr. Latham.*) If you like to say "manual work" instead of "graduated."

(*Chairman.*) I do not see the objection to the sentence now. "The size of the site shall be sufficiently large to allow of scope for graduated work, the erection of workshops, the making of a kitchen-garden, farm, &c. Half an acre is a fair allowance, less may suffice."

AGREED.

(*Chairman.*) Now: "Medical Staff:" there Dr. Paterson has an amendment. Shall I read what your suggestion is? To cut out the words "600*l.*" down to "house" and insert "500*l.* with prospect of a rise for „ institutions with 200 or more beds."

(*Dr. Bardswell.*) I suggested that. I think the salary is on the high side, 600*l.* to 800*l.* for an institution with 100 beds.

(*Mr. Davies.*) I suggest we leave out "The Medical Superintendent should receive not less than 600*l.*, rising to 800*l.*, with House; the second Medical Officer, 250*l.* with quarters and board." I do not see why we should put in our report precisely what the salaries of these officers are to be, and I think it would be quite sufficient if in the summary of the principal recommendations we put in some clause of that kind "and all the salaries attached to these appointments

"should be sufficiently high as to ensure the services of the best qualified practitioners," leaving it to the local bodies themselves to fix these salaries. I think the local authorities, the bodies who have to appoint these gentlemen, will feel that they are being dictated to by this Committee as to the precise amount that they have to pay their officers. They may pay them possibly more than the amount we have put down here; possibly they may pay them less, but I think from a Committee which is largely composed of the medical profession, it comes very badly to suggest exactly what those salaries should be, and as a layman I protest most strongly against putting in these figures in the report.

(*The Secretary.*) Would it meet you to leave out the second sentence of that paragraph?

(*Dr. Jane Walker.*) Yes.

(*Dr. Newsholme.*) And add a general recommendation about adequate salaries.

(*Mr. Davies.*) Yes.

(*Dr. Niven.*) These salaries are out of the question.

(*Dr. Addison.*) I strongly object to knocking this out, because what are we suffering from now in this country? Those of us who are medical men know perfectly well what has happened, the better men will not even take little house appointments, except the necessary house appointments, men who are capable of doing this kind of work. We could get plenty of rank and file who would be dear at 300*l.* a year for this job, who would jump at a salary of 400*l.* a year, we will say, or 300*l.* a year, but they would not be competent men. We want to be able to get competent men. Unless we can fit competent men the whole thing breaks down and this will be putting in a figure Dr. Bardswell suggests, but I think we must put in a decent figure or we shall not attract the class of men we want to get hold of to prepare themselves for this work, otherwise, simply the mediocre men will go in for this. Here is a job of 300*l.* a year. Unless we put a figure in, it is absolutely certain this will happen. The councils will say, "Oh, we will give 250*l.* or we will give 300*l.*," and the result would be they will get applications at 250*l.*; they will get applications at 300*l.* of course, but they will not get the right type of man, they will not get the men who are competent to discharge this responsible work. They need to be experienced in order to give them a proper field to select the men from; I am certain if we want to secure the right class of men we must put in a figure here.

(*Dr. Latham.*) I am sorry this question has been re-opened, because we discussed it so very fully before. I thought we had come to some form of agreement upon the lines Dr. Addison suggests, and I think a committee of medical men is exactly the committee to suggest what salaries should be given, because we have experience. Now, you take the Brompton Sanatorium. When they first had that they suggested that the superintendent should have 300*l.* a year, and it was offered to Dr. Paterson at that rate, and Dr. Paterson refused it, and Dr. Paterson accepted it at 500*l.* a year, and has made a great success of it. Now, they have learned at Brompton Hospital that 500*l.* is the least that they can offer to his successor, and his successor is getting it. And I am quite certain from my own experience of junior medical officers: take the King's Sanatorium at Midhurst; they advertise for a junior medical man at 100*l.* a year, and they have not got a single applicant; it would not be worth having. That is the minimum salary if you are to get men. We all say the whole scheme depends on the first man who runs it. If you are to have a proper man you must pay him. Mr. Davies suggests the people would be too tied down by anything of this kind. You are unable to buy them. Well, we distinctly say he should receive not less. There is nothing to prevent Mr. Davies paying 1,200*l.* or more. He has an opportunity of doing this.

(*Dr. Bardswell.*) Dr. Latham has referred to the King's Sanatorium. There a post was advertised for a Superintendent at 500*l.* a year with a 20*l.* increase every five years, going up to 600*l.* with a house. There was a very large number of applications for that post. I think 500*l.* to 600*l.* will get the man.

(*Dr. Latham.*) I do not mind 500*l.*

(*Dr. Bardswell.*) I would suggest that we should make it 500*l.* to 600*l.*, and for very large institutions with over 200 beds I would suggest more than that. I would suggest 500*l.* to 600*l.* for an ordinary institution liable to increase for beds over 200; you would then get the man just as well as for 600*l.* or 700*l.*

(*Dr. Niven.*) I think 400*l.* rising 600*l.* would be more like it.

(*Dr. Bardswell.*) I think 500*l.*

(*Chairman.*) I do not know what Dr. McVail would say, but certainly we discussed this very fully at one of the early meetings of the Committee, and I think we came to the conclusion that 500*l.* was the minimum. It varied by the suggestions before the Committee from 300*l.* to 800*l.* a year, and after a very full discussion, I think we came to the conclusion that 500*l.* was the minimum.

(*Dr. Bardswell.*) 300*l.* is too low.

(*Dr. McVail.*) I think, if you will allow me to say what I was going to say. The local authorities have already had experience of dealing with the staff of large institutions of importance something like equivalent to that of sanatoria; it occurs to me instead of mentioning a figure the difficulty might be got over in this fashion. "The salaries should in all cases be adequate and on a scale not lower than that which prevail for large hospitals for infectious diseases." I am thinking of the men we have in Scotland, in the City Hospital in Edinburgh, and in the great Glasgow fever hospitals, and I suppose in Clayton Vale and in Birmingham, and I should think we should treat the two classes generally on the same lines, and it would save mentioning any figure, if we stated generally that they were comparable.

(*Dr. Latham.*) What are the salaries they pay?

(*Chairman.*) Speaking as a layman; supposing a local authority wanted to start a sanatorium, unless we put some figure in, they have no idea what sort of figure they ought to offer. I do think it is essential to put in a figure in this Report, otherwise they will have no idea whatever as to the sort of man they ought to get, and the sort of inducement they ought to offer him to come.

(*Dr. Addison.*) I give a case in point now. We all of us know St. Bartholomew's; I speak of that as the only place I know; we always have there a list of the men who have recently got through, and we have a standing list of provincial hospitals as long as my arm to supply with house physicians and surgeons. Dr. Latham will bear me out. It is exceedingly difficult to fill these minor hospital positions at 80*l.* or 100*l.* a year. We have a list as long as my arm always, and we cannot fill them. There is no question of competition. For instance, a few weeks ago, the Sheffield Royal Infirmary advertised for five weeks in succession for a house physician, and they did not get a single application.

(*Mr. Davies.*) What salary did they offer?

(*Dr. Addison.*) They offered 80*l.* a year, but that was for a man who had had no experience. They did not have a single application. He did not require to be experienced, a raw, unqualified recruit was all they wanted, or all they expected to get, and I know very well, if we say 300*l.* a year, or 250*l.* a year, or whatever it is, they would get a certain type of men applying. I know that perfectly well, but they will not be the men who can do this work. And, if we simply say "an adequate salary" it does not mean anything. Any county council or county borough council composed naturally of sensible men will interpret it as business men. They will get the man for as little as they can have to pay. If they find they can get a man for 250*l.* they will try and do it. Naturally, as business men, they do not know the internal difficulties of the medical profession which those of us do know who see men turning out every year, and I am quite sure that what will happen will be this. What is happening now? The type of man who can do this work now drifts off to something else, and says, "No; I am not to take fever hospital or asylum posts, I can do better than that." And he does better than that in the end, but the mediocre man and the man who will be satisfied with 250*l.* a year, rising gradually to 300*l.* or 400*l.* in the years to come, with the chance perhaps eventually of being able to get married, will go into

this job, but he is not the kind of man who can do this work.

(*Dr. Smith Whitaker.*) I think possibly a slight alteration in the wording of this might get over some of the difficulty. I think the difficulty that some members feel is of appearing to be tying the hands of the local authorities, or interfering with them, and I take it that is not the spirit, of course, in which this Committee proposes to put forward any suggestion. I take it that what we really mean is this—we are defining a kind of scheme and, in defining the scheme, one of the most important points is the quality or calibre of the kind of people that we have in mind for running this scheme, and the suggestion of salaries is not really an attempt to interfere, but it is an indication to the local authorities of the definition of the kind of man that we have in mind. I think that is really the object of it, and I think, sir, perhaps the wording might be slightly altered. I have not thought out the words exactly, but some such words as these. You have some words?

(*Chairman.*) I have some words, yes.

(*Dr. Smith Whitaker.*) I do think, having had a good deal of experience on questions of medical employment, there is a danger of falling into a vicious circle in this matter if you do not give some kind of indication, as has been said by one or two speakers, you will find you cannot get them, and if the local authority tries to get them they will get them, and local authorities will have to be content with very inferior service and do not realise that they are getting inferior service.

(*Chairman.*) May I put these words before the Committee? "The salaries should be such as to secure men possessing the requisite abilities. It must be remembered that the proper performance of their duties requires high and varied qualifications, and the Committee are inclined to think that the Medical Superintendent should be given a salary of not less than 500*l.* a year, with quarters and prospects of a rise."

AGREED.

(*Dr. Smith Whitaker.*) May I make one verbal suggestion, "that to attract the right type of man it will be necessary to offer 500*l.* a year."

(*Dr. Addison.*) Yes I think that is better.

(*Dr. Smith Whitaker.*) "In order to attract the right kind of man."

(*Dr. Niven.*) It would be desirable if you would substitute "desirable" for "necessary."

(*Dr. Smith Whitaker.*) No. I think we should say, "We think to attract the right kind of man, it will be necessary to offer." I do not think "desirable" is the word.

(*Dr. Niven.*) I should like to see every man get as much as possible, but you are going to disorganise the whole of the public service if you offer too much.

(*Chairman.*) I will ask Mr. Clarke to read the Resolution.

(*The Secretary.*) "The salaries should be such as to secure men possessing the requisite abilities. It must be remembered that the proper performance of their duties requires high and varied qualifications, and the Committee think that, in order to attract the right kind of man, the Medical Superintendent should usually be given a salary of not less than 500*l.* a year with house and prospects of a rise."

(*Dr. Newsholme.*) I suggest instead of "think" "are of opinion." It is not strong enough.

(*Chairman.*) Yes.

AGREED.

(*Mr. Davies.*) Speaking for myself, I cannot possibly agree to put any figure in. I am sorry to disagree with Dr. Addison and the other members of the Committee, but I think that the result of this will be that the local authorities, when they come to read this Report, will say, "Here is this Committee sticking down 500*l.* a year, and we think that may be too much or too little," as the case may be, and I do not think they will feel themselves bound by any recommendation of that sort coming from this Committee.

(*Mr Willis.*) I do not think it will do any harm.

(*Mr. Davies.*) It will do more harm than good.

(*Mr. Willis.*) Do you think it will as it stands.

(*Dr. Addison.*) It is the pivot of the whole thing.

(*Mr. Davies.*) They will find they cannot get the men unless they pay the salaries.

(*Dr. Niven.*) May I say that this is too much, the sentence dealing with the second?

(*Chairman.*) We do not say anything about the second, do we?

(*Mr. Willis.*) The rest of that sentence goes out.

(*Dr. Latham.*) Why not? This second man is as important as the first, if you want the thing to go.

(*Chairman.*) Well, leave the rest as it is.

(*Mr. Willis.*) Will not the second man come in there rather to learn his business, or at any rate, the third man?

(*Dr. Latham.*) The third men come.

(*Mr. Willis.*) I think we are going into a detail which is unnecessary.

(*Dr. Smith Whitaker.*) I think if you fix the top man you fix the scale, and I think the others follow. If you fix the top man you are fixing the scale.

(*Dr. Mearns Fraser.*) Leave it out. 250*l.* is a recognised salary which is paid to the assistant officer in public health work to start with. Nearly all the appointments start with 250*l.* or 300*l.*; 250*l.* with board and lodging means practically 350*l.*, and that makes it very much higher than the public service. It will tend to the public health service salaries going up. That is the only objection I can see to it. If I thought it would make the public health service salaries go up I would say—by all means put it in.

(*Chairman.*) Does the Committee think that we ought to put in the figure for the second and third, or not put it in? I think there is no object in discussing it, as we have discussed it. Those in favour of putting it in, kindly hold up their hands?

(*Dr. Mearns Fraser.*) I think I should put it in after all.

On a show of hands :—

(*Chairman.*) Not in. Is there anything else on that paragraph?

(*Several Hon. Members.*) No.

(*Chairman.*) Now, "Number of Sanatorium Beds required." Nothing on that? Then, Hospital accommodation.

(*Dr. Leslie Mackenzie.*) There is nothing else to the number, but I think the last sentence might be reworded a little. "The cases for the sanatorium must be rigidly selected." It says here, "There must be a rigid selection of cases sent to the sanatorium." It is a mere verbal correction.

(*Dr. Smith Whitaker.*) "It is not desirable to provide more than 6,000." Then you go on to say "this is a low estimate of the requirements." I do not mean to say the two statements are not quite correct, but they want keeping together, I think, in some way; they seem to be contradictory as they stand.

(*Chairman.*) It is suggested that, under the number of sanatorium beds required, the last paragraph should now read as follows: "It is not necessary to provide in the immediate future more than 6,000 additional sanatorium beds for the United Kingdom. This works out at about one sanatorium bed per 7,500 population. This is a low estimate of the ultimate requirements, and if treatment," &c.

(*Mr. Willis.*) Does that mean that that works out at one sanatorium bed per 7,500 population, reckoning the sanatorium beds we now have, or does it mean that 6,000 beds alone gives you one sanatorium bed per 7,500 population?

(*Dr. Niven.*) It says "additional."

(*Mr. Willis.*) This estimate works out at one additional sanatorium bed per 7,500.

(*Dr. Latham.*) 6,000 beds for 45,000,000 people.

(*Dr. Newsholme.*) In addition to the beds in existence at the present time?

(*Mr. Willis.*) This estimate works out at one additional sanatorium bed per 6,000.

(*Chairman.*) No, because that would mean two sanatorium beds for 7,500 population.

(*Dr. Addison.*) I think that means "additional."

(*Dr. Latham.*) We have not considered the question of existing sanatorium beds. We say you want 6,000 beds, if you get part of your 6,000 out of existing beds, good and well.

(*Dr. Newsholme.*) I do not think it is necessary to put in the word "additional" in the second sentence. I think it is redundant, because it is clear it is additional from that first sentence.

(*Mr. Stafford.*) How is the figure of 6,000 additional beds arrived at?

(*Dr. Jane Walker.*) It is not additional beds surely, because if you divide 45,000,000 by 6,000 it comes to 7,500, and that is the total population; it is not additional.

(*Mr. Stafford.*) I cannot understand where the 6,000 is to come from.

(*Dr. Newsholme.*) It is perfectly correct on the basis here. You have 6000 beds for 45,000,000 people; that is one bed for 7,500 population.

(*Mr. Stafford.*) But what about additional beds, what does the word "additional" mean. Do we know what are existing at present?

(*Dr. Newsholme.*) 2,000 in England and Wales.

(*Mr. Stafford.*) This is an estimate for England, Ireland, Scotland, and Wales.

(*Dr. Newsholme.*) If you reckon 300 or 400 for Scotland.

(*Mr. Stafford.*) I want to know if the persons who put in this 6,000 additional beds are aware of the number of beds at present existing in England, Scotland, Ireland, and Wales. If they are not, I do not see how this estimate can possibly be made.

(*Dr. Niven.*) I think we had better cut out "additional."

(*Dr. Leslie Mackenzie.*) If "additional" is to be left out the number must be increased. In Scotland we knew exactly the number of beds four weeks ago.

(*Chairman.*) Why not put in "*i.e.*"

(*Mr. Willis.*) My point is this, that this Committee, very largely medical, should say what sanatorium beds are required without reference to what are now existing. Take a county like Somerset, the man organising a scheme for that county must first of all find out what beds there are there. He wants this Committee to tell him what total number are required. If he finds that total number there, he will say "No additional beds are required." That is where I think this Committee ought to give guidance as to what actual number are required per population. That is your view.

(*Dr. Latham.*) As far as existing beds are concerned, there are very few where you have got 100 beds, therefore, you can rule out the great majority of existing beds.

(*Dr. Addison.*) We discussed this at considerable length the other time we met, and it was pointed out by Dr. Latham and others that the number of existing beds were in institutions which certainly would not be recognised. They would not come up to standard, in small places, convalescent homes or something of that kind. The number available to people of small means is very limited, so if you knock out those not available to people of small means and those that were unsuitable, you would have such a small number left that it practically was a negligible quantity, and that we might calculate on that basis than on the figures which the Sanatoria Committee provide and which we discussed before. The ultimate requirement there suggested, if I remember right, was 9,000 sanatorium beds, that would be one to 5,000 of the population, and we wanted to err on the safe side and allow the adoption of more economical modes of treatment, and at the outside we suggested 6,000 beds, hence this figure.

(*Mr. Willis.*) I still feel that this Committee will be giving the country better guidance if they say we require for a population of 1,000,000 people a definite number of sanatorium beds. We are not able to say as regards any particular area what number of these beds will be necessary are now in existence, but this Committee would be giving the most useful piece of advice if they said the actual number which, in their opinion, is required for a given unit of the population.

(*Chairman.*) I think that this will meet the point: "It is not necessary to provide in the immediate future more than 6,000 sanatorium beds for the

" United Kingdom. This estimate works out at about
 " one sanatorium bed per 7,500 of the population.
 " This is advisedly put forward as a low estimate
 " of the ultimate requirements, and if treatment is to
 " be effective," &c.

(*Mr. Willis.*) That still leaves open the question
 as to whether you have got those beds; still leaves
 " additional" in.

(*Chairman.*) No, take it out.

(*Dr. Niven.*) I think the estimate is based on 6,000
 beds, is it not?

(*Dr. Latham.*) The finance.

(*Dr. Niven.*) The finance.

(*Dr. Addison.*) The ultimate finance was based on an
 estimate of 9,000 beds.

(*Dr. Niven.*) 9,000 advanced beds; 6,000 sanatorium
 beds.

(*Dr. Addison.*) From this I have before me the
 ultimate budgetting was for 9,000 beds, but we said we
 would immediately budget for not more than 6,000
 beds, because it leaves an available margin. That was
 deliberately adopted.

(*Dr. Smith Whitaker.*) I have a little sympathy
 with the suggestion of Mr. Willis's that we should be
 more explicit. We should not give the resolutions in
 this condensed way, but start at the other end and
 begin by saying: "In the opinion of the Committee
 " the number of sanatorium beds that it may ultimately
 " be necessary to provide is one per 'x' of the
 " population. They do not consider, however, that it
 " would be wise to begin by such a large provision,
 " and they consider that at the outside one per 'y'
 " of the population is all that should be aimed at."
 Then, you have given your county council a clear view
 of what you think they should aim at as regards their
 area; then you go on to say, "The Committee find it
 " very difficult to obtain reliable information as to the
 " number of beds already in existence in the United
 " Kingdom, but, making as close an approximation as
 " they can, they consider that about 6,000 additional
 " beds should be provided for the United Kingdom";
 then come to a conclusion, if you want to put that in,
 but whether you want to put that in or not is another
 question.

(*Mr. Willis.*) The main thing for the Committee
 to say is that one bed will serve "x" population.

(*Chairman.*) Did I not gather from the doctors
 that we could not say how many of the population,
 because, as I understand they did not really know how
 many suitable patients there might be—1,000 or 2,000.

(*Dr. McVail.*) I think we are forgetting what is in
 the first paragraph. Here, if you look at the latter
 sentence of the first paragraph: "Experience alone
 " can determine what these requirements actually are
 " and will be, and, by waiting, better use will be made
 " of the available funds." Now, if you could give the
 information, well and good, but we concluded last
 time that we cannot give it, and that, therefore, we
 should not attempt to give it, and can we determine
 to deal with what additional beds will be required
 because we do not know how many will be required.

(*Dr. Newsholme.*) I quite agree with Dr. McVail,
 and I may point out that if you omit the word
 "additional" in the second paragraph you are
 practically stating the number of beds which more
 than exists at the present time, and you are stating
 that no additional beds are required. I have the
 documentary evidence in front of me; I will give you
 the exact facts as regard poor law beds alone in
 England and Wales; they may be beds that pay for
 treatment in some cases, but very often they are not,
 but they are beds actually occupied by consumptive
 patients at the present time in England and Wales.
 There is one bed in a Poor Law Institution for every
 550 of the total population in England and Wales; in
 Wales one bed occupied by a tuberculosis patient
 for 9,900 population, so if you leave out that word
 "additional" you are really stating that you have got
 already enough accommodation of a kind in the
 kingdom, which is wrong—which is quite wrong.

(*Mr. Stafford.*) Are these sanatorium beds?

(*Dr. Newsholme.*) No.

(*Mr. Stafford.*) We are now talking of sanatorium
 beds. Afterwards we go on to deal with hospitals;
 this is only sanatorium beds.

(*Dr. Newsholme.*) The same argument applies, if you are proposing to give the bottom figure, and not use the word "additional." I quite agree with Dr. McVail that the earlier sentence safeguards the situation entirely.

(*Dr. Latham.*) I think that there is no reasonable prospect of a reasonable man confusing sanatorium beds with accommodation in Poor Law Infirmaries. You suggest we must put in the word "additional," because it is possible that sanatorium beds will be confused with beds in a Poor Law Infirmary.

(*Dr. Newsholme.*) That is not the whole case; there are many good sanatorium beds in Bradford, Liverpool, and several other places, exceedingly good beds; I do not say these are the majority; they are a small minority, but furthermore Sanitary Authorities in England and Wales have approximately 600 sanatorium beds at the present time maintained by charity and private enterprise in England and Wales; that is, roughly speaking, 3,700 beds, making a total of 4,300 beds in England and Wales in addition to the 7,000 Poor Law beds I have mentioned, so there are 11,000 beds including Poor Law and the private authorities at the present time quite apart from what you are recommending here. Additional accommodation is very badly needed.

(*Dr. Addison.*) These are not sanatorium beds.

(*Dr. Newsholme.*) Some are hospital and some sanatorium beds.

(*Dr. Leslie Mackenzie.*) There are 300 sanatorium beds in the strict sense in Scotland outside of Poor Law institutions. These are sanatorium beds, not merely hospital beds. That gives us roughly 600 by the standard one in 6,500 population. We should be entitled to 625, our population being 4,700,000. This scale, suppose we say this "additional," gives us 25 beds, if we are to call it "additional." If we are to say not "additional" beds, we already have over the mark.

(*Chairman.*) I think the confusion has arisen from the fact of the sentence "this estimate works out at about one sanatorium bed per 7,500 population."

(*Dr. Addison.*) It is not very clear whether that means one additional bed per 7,500 or whether it includes the existing number of beds. I think it would be desirable if we were to leave that sentence out and let the paragraph run as follows: "It is not necessary to provide in the immediate future more than 6,000 additional sanatorium beds for the United Kingdom. This estimate works out at about one sanatorium bed per 7,500 population. This is a low estimate of the requirements, and if treatment is to be effective," &c.

(*Mr. Stafford.*) I do not think that at all meets Mr. Willis's point.

(*Dr. Smith Whitaker.*) May I suggest drafting it in this way: "Providing with these reservations (that is, the reservations to which Dr. McVail has drawn attention in the first paragraph) be borne in mind it appears to the Committee that possibly it will be necessary ultimately to provide sanatorium beds up to the proportion of one to 5,000 population, but pending the guidance to be obtained from experience it would not be wise to aim at more than 7,500. This would involve the provision of 6,000 additional beds."

(*Mr. Willis.*) We cannot say what it will involve until we know.

(*Mr. Stafford.*) Leave out the last part of it.

(*Dr. Smith Whitaker.*) I do not mind if you put that in.

(*Mr. Stafford.*) We have no information for that.

(*Dr. Newsholme.*) Not the information from each locality?

(*Dr. Niven.*) We cannot fix an estimate; it is quite impracticable from the point of view of the ultimate requirement.

(*Chairman.*) I agree with Dr. Niven. We cannot say the ultimate is to be one per 5,000, but I think we ought to say at present we ought to have one per 7,500.

(*Dr. Philip.*) Additional?

(*Dr. Addison.*) It must be additional.

(*Dr. Latham.*) As far as the Committee is concerned, 6,000 was arrived at without any reference whatever to existing beds.

(*Mr. Willis.*) You consider it would suffice for the population if there were no beds at present in use?

(*Dr. Latham.*) That is our idea.

(*Dr. Niven.*) This has reference to beds in sanatoria of not less than 100 beds. There are very few such places. I do not think it matters very much whether you leave "additional" in or not.

(*Dr. Addison.*) We had all this matter before the Sanitary Committee for a considerable time, and they went into the character of the existing beds, and so forth, and they practically excluded the great majority being in institutions of less than 100 beds, or merely convalescent homes, and so on, and that they really were a negligible quantity to a great extent. We have a good many figures. Dr. Latham had several of the Local Government Board Reports which contained a great many, and it was fair to say the outside available is certainly not more than 1,500; it probably is a good deal less.

(*Dr. Niven.*) That was not where the real discussion took place; it was upon the next paragraph—hospital bed, and there we did argue for the word "additional" being put in; it is not put in either.

(*Dr. Newsholme.*) My statement applied to both hospital accommodation and sanatorium accommodation.

(*Dr. Addison.*) All the evidence we have had before us —

(*Dr. Newsholme.*) Putting in the word "additional" does not preclude us from adding a further paragraph, bring out the point which Mr. Stafford and Mr. Willis have drawn attention to as to the absolute requirements apart from the "additional," and there is no reason why we should not have an additional paragraph to that effect.

(*Dr. Addison.*) I hope we do not commit ourselves to our ultimate requirements. We really do not know. One has heard all the experts. One man says: "You can treat people very successfully in shelters, in back gardens; you do not need so many sanatorium beds"; another says, "get on with tuberculin; you do not need so many sanatorium beds. Others say you need sanatorium beds." Experience is required. I should be sorry to say how many beds we require. I would encourage them to adopt more economical modes of treatment, such as tuberculin and shelters.

(*Mr. Stafford.*) At the present moment you are committing yourselves to 6,000 additional beds.

(*Dr. Addison.*) That is not a very big order.

(*Mr. Stafford.*) It is a big order in this way, because you are committing yourselves to 6,000 additional beds without knowing what you have at the present moment.

(*Chairman.*) These figures are based on the Report of the Sub-Committee. What was your Report?

(*Dr. Latham.*) The figures were drawn up by Dr. Bardswell.

(*Chairman.*) With regard to this 6,000 beds, my own view is, it is much better to say the definite requirements, without any reference to what is existing, because you do not know what is existing, and you do not know how many existing institutions can be utilised. Supposing you say 6,000 authentic beds, and a local body says, "we have to have so many additional beds per unit of population," that would inevitably tend to prevent them using voluntary institutions till they have got these additional beds in force. It would go hard on the voluntary institution, which I take it is not what you want.

(*Dr. Mearns Fraser.*) There was a short introductory sentence which might smooth this paragraph, drawn up by Dr. Niven, Dr. Addison, and Sir George Newman. I do not know what has become of that. It explained the number of beds would depend very largely on the form of treatment which was decided upon.

(*Dr. Niven.*) I do not think it is necessary to have any introductory words.

(*Chairman.*) That is in the Hospital Section now.

(*Dr. Niven.*) It is not necessary.

(*Dr. Mearns Fraser.*) I see there is another thing. You cannot tell what the result of this dispensary treatment is going to be. Instead of leading you to require more beds in the future, you may require less

beds, so you could start with as small a number of beds as possible and should not say they may be enlarged in the future.

(*Dr. Niven.*) I think it is a pity to alter this now. The word "additional" does not make much difference having regard to the fact—

(*Dr. Mearns Fraser.*) It makes all the difference whether it is "additional" to the existing beds or not.

(*Dr. Niven.*) There are so few fulfilling your conditions.

(*Chairman.*) Dr. Newsholme tells us there are several thousand.

(*Dr. Niven.*) They do not fulfill the conditions we have laid down.

(*Dr. Newsholme.*) In paragraph 38, page 22, there is a very important additional statement, the one to which Dr. Mearns Fraser has just alluded, that possibly might be more appropriately put forward into this paragraph on page 13, that applies to hospitals first.

(*Dr. Latham.*) Dr. Bardswell has got the figures now.

(*Dr. Smith Whitaker.*) May I make a suggestion. We have dealt with this matter twice in the Report. Is it desirable to do so, and the prefatory paragraph to which Dr. Mearns Fraser has drawn attention is a general prefatory paragraph to the Section on Finance on page 22, and it prefaces recommendations on this very point which we are now discussing as to sanatorium treatment for adults which you will find on page 23. If you take that caution, which you find on page 22: "The extent to which new and additional accommodation will be required depends upon a number of factors," &c., and then apply to your estimate on page 23 you get the thing intelligible, and I would venture to suggest that there is no necessity to deal with the number of beds in this place at all; if you deal with them under Finance you need not deal with them here.

(*Mr. Stafford.*) Dr. Paterson tells me that the Committee entirely ignored the question of the number of existing beds—just what I said they did, sir. I should like to ask the Committee, if they had not done so, what calculations they had made in regard to the number of beds required for Ireland.

(*Dr. Niven.*) They did not ignore it, but they would not put in what we wanted.

(*Dr. Latham.*) What did you want?

(*Dr. Niven.*) We wanted it to be 9,000 additional hospital beds; that is where the word "additional" came in.

(*Dr. Latham.*) You have got it for sanatorium.

(*Dr. Niven.*) You have got it for sanatorium, but you have not got it for hospitals, where it is absolutely required.

(*Dr. Paterson.*) We are coming to hospitals.

(*Chairman.*) Dr. Smith Whitaker suggests that the whole of this paragraph, the number of sanatorium beds required, should come out, pointing out that on pages 22 and 23 the matter is dealt with under the heading "Finance." There might possibly be a reference to the fact that the number of beds is dealt with in that section.

(*Dr. Mearns Fraser.*) Yes, I think that is sound, sir.

(*Mr. Willis.*) I still feel, Mr. Chairman, that one of the main reasons for appointing this Committee was that we might get the medical view as to the number of sanatorium beds required for a given unit of population.

(*Dr. Mearns Fraser.*) Well, you have got that on page 23, the top of the page, first line.

(*Dr. Latham.*) Yes, that is all right.

(*Dr. Leslie Mackenzie.*) That is in addition to such sanatorium beds as may be available.

(*Dr. Latham.*) You can water the statement down.

(*Mr. Willis.*) May I take it that this Committee agree that, in designing the scheme for an area, the man designing the scheme should provide one sanatorium bed for every 7,500.

(*Dr. Mearns Fraser.*) No, it would work out one in 5,000, taking the existing beds.

(*Mr. Willis.*) Never mind existing beds; the man designing the scheme will have to find out what efficient existing beds there are in his area. He wants to be told by this Committee exactly what number of

the population one sanatorium bed will serve. It is quite true, of course; it is bound to be a tentative figure. We have not very much experience of this thing, and we do not at all know how many people will ultimately, finally, be dealt with through the dispensary, but a County Medical Officer of Health organising a scheme; a County Medical Officer of Health must have some one figure in his mind to start with, and it is eminently desirable that this Committee should give definite guidance on that; that is one of the main objects of this Committee.

(*Dr. Mearns Fraser.*) The beds existing are misleading, because so many beds are not available for that class of patient we are dealing with.

(*Mr. Willis.*) But the individual who has to prepare the scheme must work that out for himself; we cannot.

(*Dr. Mearns Fraser.*) You cannot put the scale per population; you must put a scale for the population likely to need your provision, which excludes all the better class.

(*Mr. Willis.*) Whichever you like.

(*Chairman.*) May I suggest, on page 13, going back to that paragraph, that we should cut out, after the "kingdom," "This estimate works out at about one sanatorium bed per 7,500 population," so that the paragraph would read "it is not necessary to provide in the immediate future for more than 6,000 additional sanatorium beds for the United Kingdom. This is a low estimate of the requirements, and, if treatment is to be effective, there must be a rigid selection of cases sent to the sanatorium."

(*Dr. Newsholme.*) I suggest the substitution of the word "later" for "ultimate," "ultimate" seems too remote.

(*Dr. Leslie Mackenzie.*) That would mean that for Scotland we should have just about 600 beds; we already have 600 beds.

(*Mr. Willis.*) That means that, in the opinion of this Committee, Scotland is already provided with sufficient sanatorium beds.

(*Dr. Leslie Mackenzie.*) Well, I do not think so at all; we need at least double of what we have.

(*Dr. McVail.*) Do you mean for the county of Stirling 10 beds, which is utterly inadequate.

(*Dr. Addison.*) We had a long argument, and we came to the conclusion we should include existing beds.

(*Dr. Mearns Fraser.*) Introduce some phrase, "for the population who will need sanatorium provision provided," that excludes a large number of the population who are well-to-do who already have beds. All the well-to-do people have got beds in this country; they can all go to the sanatorium, and the beds existing need not be taken into consideration; all are private sanatoria.

(*Dr. Leslie Mackenzie.*) Are you satisfied with the one per 7,500, because it leaves us exactly where we stand at present in Scotland?

(*Dr. Mearns Fraser.*) But you are dealing with private sanatoria.

(*Dr. Leslie Mackenzie.*) This is sanatoria beds, regardless of public or private.

(*Dr. Mearns Fraser.*) A lot of those in Scotland are not available for this class of bed.

(*Dr. Leslie Mackenzie.*) All I am counting are available with the exception of a few.

(*Mr. Davies.*) I think Mr. Willis raised a very important point just now when he was talking of the position the local authority would be in in knowing how many beds they would have to provide. This Committee has already decided that no sanatorium is to have less than 100 beds, therefore, on this basis of 6,000 beds, you would really have 60 sanatoria for the whole of England, Scotland, Wales, and Ireland, and if you had 200 beds you would have 30 sanatoria, and if you had 400 beds in each you would have 15 sanatoria for the whole of the kingdom; I am not quite sure how many counties and county boroughs there are in the whole of the United Kingdom.

(*Mr. Willis.*) 140 in England and Wales.

(*Mr. Davies.*) 140 in England and Wales only, but if you add Scotland and Ireland on to that you would have something like 200.

(*Mr. Willis.*) I do not know; a good many more.

(*Mr. Davies.*) You would probably have 200 counties and county boroughs; at least 200, so you would have 60 sanatoria at the most; a minimum of 100 beds and you would have 200 counties and county boroughs to provide with the accommodation, so that you cannot work this sanatorium business on a county basis; that is what it really comes to.

(*Dr. Smith Whitaker.*) I felt inclined to raise that caviat when Mr. Willis was speaking just now. I do not think you can take it, at any rate, if you are to go on your minimum fixed provision of 100 or 200 beds in every institution, that every county is to have a sanatorium for its own. You have thrown the county basis overboard. As soon as you accept that, you must look to fusion in the provision of sanatoria, therefore, I do not think this is quite true; whether it is necessary for the individual Medical Officer, working out a scheme, to assume he is to provide beds for the sanatorium requiring population of his own population, he has to provide them, or see that they are available somewhere.

(*Mr. Willis.*) You must start somewhere with this thing, that is the only reason you say to each county we are looking to you and the county boroughs to organise these schemes. If you find your population is too small, you must consult your neighbours. If you say, because a county cannot have a sanatorium to itself, you neglect it and leave it to somebody else, you fall to the ground between the two stools.

(*Dr. Addison.*) We must have a basis; if we get a scheme in for one county or county borough, which only require 40 beds on this basis, they would say, you must join with a neighbour; it would be easy; it would be worked from headquarters.

(*Dr. Niven.*) You do not exactly exclude the smaller sanatoria; you simply make a recommendation as to what is ultimately aimed at; you would not exclude the smaller sanatoria; at first you would be overwhelmed.

(*Dr. Leslie Mackenzie.*) The intention of the Act, of course, is to include all private sanatoria that are provided to do the work and to make terms with them.

(*Dr. Niven.*) And are sufficiently equipped.

(*Dr. Leslie Mackenzie.*) And are sufficiently equipped, of course. We must include, therefore, every sanatorium that is capable of being approved as properly staffed, and having the accommodation, and are prepared to do the work; you might include a place of five beds quite easily.

(*Dr. Niven.*) At first.

(*Chairman.*) Why not put this before the Committee? We should try and settle it; a paragraph like this does not. We must decide whether it is to be 7,500 or 5,000 for the United Kingdom. This is put forward as a low estimate of the later requirements.

(*Dr. McVail.*) You do not have in the word "additional" there before "bed."

(*Chairman.*) It is not necessary to provide in the immediate future more than one bed per—we must decide whether it is to be 7,500 or 5,000.

(*Dr. Newsholme.*) This is sanatorium specially.

(*Chairman.*) For the United Kingdom; that is the only way we can do it.

(*Mr. Willis.*) It has occurred to me whether we could not possibly go a little further—Dr. Mearns Fraser has been saying the better class population are not very much concerned in this matter—whether we could get a unit for the working-class population, or the population which will use these, because in some counties the working-class population will be a larger percentage than in other counties, and in such a case, I take it, our figure will want some variation; our beds are, in the main, for the working-class population.

(*Chairman.*) There are people who are not quite working-class who cannot pay five guineas a week.

(*Mr. Willis.*) Quite; for the poorer population.

(*Dr. Newsholme.*) The point will be met by having an additional sentence: "That obviously the number of beds needed will vary in the different counties according to the class of population."

(*Chairman.*) I thought we had put in "They must take into consideration the incidence of the disease in the particular county." Yes, I think that is in the "Finance."

(*Dr. Latham.*) The number of people who are in a position to pay for sanatorium treatment themselves only amount to about 2,000,000.

(*Dr. Smith Whittaker.*) The people who can afford to pay five guineas a week are such a very small proportion of the total that they will not affect your calculation.

(*Dr. Latham.*) They amount to about 2,000,000 out of 45,000,000.

(*Chairman.*) About 2,000,000.

(*Dr. McVail.*) Instead of saying "It is not necessary," Sir, would you say "It seems quite safe to provide up to that," instead of saying "It is not necessary"; we do not want that there shall be over-provision, but I think it is putting it rather strongly to say "It is not necessary"; I would rather put it, "That it seems quite safe to provide up to that amount."

(*Dr. Leslie Mackenzie.*) For instance, the city of Aberdeen provides 50 sanatorium beds for a population of 160,000, and if they could get any assistance they would double the number.

(*Dr. Smith Whittaker.*) They have an exaggerated view of the importance of sanatorium treatment in Aberdeen.

(*Dr. Leslie Mackenzie.*) No.

(*Chairman.*) It may be advisable to provide in the immediate future one bed per so many thousand of the population of the United Kingdom. This is put forward as a low estimate of the possible later requirements; I think that would meet everybody, and we have to decide what the basis should be.

(*Dr. Newsholme.*) The main objection to that is that, "It may be desirable" is a very feeble statement. I think the Committee should give an opinion.

(*Chairman.*) "It may be advisable."

(*Dr. Newsholme.*) "It appears to the Committee to be advisable." I mean if we have not an opinion on that point our *raison d'être* is gone.

(*Dr. Mearns Fraser.*) We are on very delicate ground here, and, I think, as suggested by Dr. Smith Whittaker, it would be better to introduce this paragraph by the bulk of paragraph 38, and when you come to 38, refer back, say for the reasons stated, and so-and-so, the financial question cannot be stated accurately.

(*Dr. McVail.*) I was thinking of that, but the trouble about 38 is that it includes references to hospitals as well as sanatoria; this is a Sanatorium paragraph.

(*Dr. Mearns Fraser.*) It may be altered.

(*Chairman.*) Mr. Willis suggests an alternative to what I had before the Committee, taken from a paragraph lower down on that page. We are dealing with hospital accommodation; you find a sentence which runs: "The number of beds required is problematical, but may be provisionally put at one bed per 5,000 of the population," and discuss the figure. The alternative is: "In the opinion of the Committee it is advisable to provide in the immediate future one bed per so many thousand of the population for the United Kingdom, this is put forward as a low estimate of the possible later requirements."

(*Dr. Newsholme.*) I should like to second that particular form of words: "In the opinion of."

(*Chairman.*) Well, I will read it again: "In the opinion of the Committee it is advisable to provide in the immediate future one bed per so many thousand of the population for the United Kingdom, this is put forward as a low estimate of the possible later requirements." Is that agreed to by the Committee.

AGREED.

(*Chairman.*) Well, gentlemen, we have to decide what the population basis is to be.

(*Dr. Mearns Fraser.*) I do not know; paragraph 38 should be slightly altered; not alter the paragraph you have read materially, it will introduce it and show why we cannot arrive at definite figures; you see what I mean. The extent to which new and additional accommodation will be required depends on a number of factors. I think we should introduce the statement which you have just read.

(*Chairman.*) You mean to say, "Subject to the qualifications as stated in paragraph 38."

(*Dr. Mearns Fraser.*) Quite so, but I think it would be better to give this first, and then, when you

come to paragraph 38, you can refer back to this section which you have amended, as I suggest. It seems to me it is in a better position under the "Finance." It will want a little alteration because it refers to hospitals as well, you see; I do not know whether it is taking up too much.

(*Dr. Niven.*) Of course, it is as well to point out that 6,000 additional beds means and expenditure of 900,000*l.*

(*Mr. Davies.*) Annually?

(*Dr. Niven.*) No, erection.

(*Chairman.*) Well, then, gentlemen, I think we can meet both sides by putting it this way: "Subject to the qualifications stated in paragraph 38, in the opinion of the Committee it is advisable to provide in the immediate future one bed per so many thousand of the population for the United Kingdom, this is put forward as a low estimate of the possible later requirements." Now, gentlemen, what we have to decide is whether it shall be one bed per 7,500 or one bed per 5,000. The only way we can do that—I think we have heard the pros and cons—I do not think it is necessary to discuss that or debate it again; just take the opinion of the Committee.

(*Dr. Niven.*) Can we afford 6,000 additional beds?

(*Mr. Willis.*) It is not additional now.

(*Dr. Niven.*) No, but supposing it were additional?

(*Dr. Addison.*) We could afford 9,000 additional beds.

(*Dr. Niven.*) Well, it is 900,000*l.*

(*Dr. Addison.*) No, we do not pay the whole lot.

(*Dr. Latham.*) In the sanatorium, on the question of the number of beds we took the average of estimates. We said, give each of those three months treatment and 7,900 beds will be required; give each of those four months treatment and 10,533 beds will be required; then, on another estimate, looking more to the future, we came to a conclusion, on the average of three months treatment, 6,500 beds will be required. Taking these two things into consideration we suggest that it is not necessary to provide more than 6,000 sanatorium beds immediately. This, I take it, will be published in the Final Report, unless this Sanatorium Sub-Committee has got to revise its conclusions.

(*Chairman.*) And the conclusion you came to there was one bed per 7,500 population.

(*Dr. Latham.*) "For the immediate requirements."

(*Dr. Addison.*) But they were in addition to our present.

(*Dr. Niven.*) There so stated at page 23 and page 13 as "additional."

(*Chairman.*) I gather then that the opinion of the Sanatorium Sub-Committee was that the number of beds should be one bed per 7,500 of the population.

(*Dr. Philip.*) No, Sir, not unanimous; I claim strongly that that was too low an estimate.

(*Dr. Bardswell.*) Tentatively, we put it at that.

(*Dr. Newsholme.*) Why not agree at one bed per 5,000?

(*Chairman.*) I would put it to the Committee: Is it to be one bed per 5,000 of the population? Those who are in favour, kindly hold up their hands.

(*Dr. Leslie Mackenzie.*) Additional beds?

(*Chairman.*) No, including everything, it is to be one per 5,000.

(*Dr. Newsholme.*) I will vote for it, but it is not enough.

On a show of hands—

The Chairman counted:

For one bed per 5,000 population	-	-	12
For one bed per 7,500 population	-	-	2

Majority	-	-	-	-	10
----------	---	---	---	---	----

(*Chairman.*) The sentence now reads: "Subject to the qualifications stated in section 38, in the opinion of the Committee it is advisable to provide in the immediate future one bed per 5,000 of the population for the United Kingdom, this is put forward as a low estimate of the possible later requirements."

(*Dr. Smith Whitaker.*) Does that apply now that you have made it 5,000; that was true on 7,500, but you must strike that out now.

(*Dr. Newsholme.*) Do I understand you are to cut out the sentence about the low estimate?

(*Dr. Smith Whitaker.*) If you say one for 5,000.

(*Dr. Newsholme.*) I cannot accept that; I think it is still a low estimate.

(*Chairman.*) You say "in the near future," that meets your point.

(*Dr. Newsholme.*) But still, I submit, Sir, that it is necessary to say that even for the immediate future this is a low estimate. We are starting for obvious reasons with a low estimate, and we say it is a low estimate.

(*Dr. Latham.*) "For purely sanatorium beds."

(*Dr. Philip.*) I think we should emphasise that strongly.

(*Dr. Smith Whitaker.*) I am only going by the Report of the Sanatorium Sub-Committee. The Sanatorium Sub-Committee go into this matter very carefully and they come out with an estimate of 7,500 as the thing you should start with, and then we swell that by 33 per cent., and then you say this is a low estimate. I cannot understand it; it seems to me there is no logic in the thing at all.

(*Dr. Bardswell.*) We assume 52,000 fresh cases every year; to give half which is 50 per cent. of this three months' treatment, will require 3,500 beds, that is looking ahead, that is giving 50 per cent. of the new cases probably two or three months' treatment.

(*Dr. Latham.*) That is in 10 years time.

(*Dr. Bardswell.*) That is in 10 years time; that is what we based this on in drawing up this Report.

(*Dr. Newsholme.*) If you give one bed per 2,500 population, half that number for Sanatorium specially, and half for Hospital Accommodation, that means that every known consumptive patient on a certain basis will have between six and seven weeks of institutional treatment in the year.

(*Dr. Mearns Fraser.*) I do not agree at all with Dr. Newsholme's deduction, that you want all the cases, leaving out of consideration entirely the very large proportion of patients who will be treated entirely at dispensaries, without going to sanatoria at all.

(*Dr. Latham.*) Leave out "low estimate of the requirements," and say, "if treatment with this "number of beds is to be effective there must be a "rigid observation of cases which were sent to the "sanatorium."

(*Dr. Smith Whitaker.*) I must support striking out the words "low estimate." I cannot see the consistency in Dr. Newsholme's whole argument. He is trying to impress upon us the number of cases which can be treated in dispensaries and at home, and then he comes forward with an estimate based on the idea that nearly every patient is to go to a Sanatorium, or a very large proportion of them. Then, there is no need to anticipate the future at all. If you make your start, then you can trust your experience to guide you as to filling up the future.

(*Dr. Niven.*) You simply make a tentative estimate, Dr. Smith Whitaker? There will be ample to spare for both purposes, both for Sanatorium purposes and for other purposes; it probably is a low estimate.

(*Dr. Addison.*) I do not think we shall gain anything specifically by saying so; I hope Dr. Newsholme will not object to that.

(*Dr. Newsholme.*) I accept Dr. Latham's alternative which avoids the point about the low estimate.

(*Chairman.*) It is now suggested, "Subject to the "qualifications as to figures expressed in section 41, "in the opinion of the Committee it is advisable to "provide in the immediate future one bed per 5,000 "population for the United Kingdom. If treatment "with this number of beds is to be effective there "must be a rigid selection of cases sent to the "Sanatorium." Is that agreed to?

AGREED.

(*Chairman.*) Now, Hospital Accommodation.

(*Mr. Willis.*) Before you leave that, there was one point at the beginning of Sanatoria, right at the very beginning of paragraph 20. It opens with this, "The "question of construction will be dealt with in the "Final Report."

(*Chairman.*) That ought to be "more fully."

(*Mr. Willis.*) Either that or omitted. You are proposing now, are you not, to issue the Sanatorium Appendix?

(*Chairman.*) No, we decided not.

(*Mr. Willis.*) I should omit this altogether.

(*Dr. Latham.*) Was not the object of that that plans should not be prepared by local authorities until the Final Report came out in regard to the erection of Sanatoria? We want to let them know that this Committee is considering the question of the principles of construction, and that we have not time to do it in this Interim Report, but we will do it in the Final Report, otherwise you will get no uniformity in regard to your Sanatoria throughout the country.

(*Mr. Willis.*) Is it conceivable that you think this Committee will be able to lay down hard and fast lines that you will have all these Sanatoria turned out on one uniform plan? I thought you would allow latitude.

(*Dr. Latham.*) I only state principles.

(*Mr. Stafford.*) The Final Report may be a long way off. If it takes so long for the preliminary, it will be a very long way off.

(*Dr. Niven.*) It is an invitation to send schemes in. You cannot do that; I should strongly object to that. We are not going to wait for any such guidance as that. It is a great pity that you could not have given us some guidance in this Report in sketching out what is desirable for a complete Sanatorium.

(*Chairman.*) Then 21, "Hospital Accommodation"; is there anything on that?

(*Dr. Niven.*) I think it is there that the word "additional" should come in, Mr. Chairman.

(*Chairman.*) Where?

(*Dr. Niven.*) "The number of beds required is "problematical, but may be provisionally put at the "rate of one for each 5,000 of the population." That should be "one additional bed for each 5,000 of the population."

(*Chairman.*) We went into this very fully, and this was the point which was gone into by the whole Committee, not merely the Sub-Committee, and the conclusion we came to then was that there should be one bed per 5,000 of the population.

(*Dr. Niven.*) Well, it is hopelessly inadequate.

(*Chairman.*) It is only put forward provisionally.

(*Dr. Niven.*) Provisionally or not provisionally.

(*Dr. Newsholme.*) I must say I entirely agree. It is entirely inadequate for urban populations, and we shall be faced with statements by medical officers of health, and others, who will adduce facts showing that they already have more than this, and then, no doubt, will not that rather reduce the Report of the Committee to look rather absurd?

(*Dr. Addison.*) Might I point out, if you look at page 23, you will see it is specifically stated, "The Committee cannot at present suggest any figures "under this head beyond making a rough estimate "that in addition to Poor Law beds."

(*Dr. Niven.*) "In addition to Poor Law beds." That, of course, makes the difference.

(*Dr. Newsholme.*) I had not seen that.

(*Dr. Niven.*) It should be put in here also.

(*Dr. Latham.*) On your six weeks basis it allows for 100,000 people going through these beds; 5,000 population, that is 9,000 beds, six weeks, eight people can be carried through each year.

(*Dr. Niven.*) Six weeks of general hospital treatment.

(*Dr. Newsholme.*) Advanced cases will stay much longer than six week; six months probably.

(*Dr. Niven.*) I think the words "In addition to Poor Law beds now in use" ought to be put in here, because it is very misleading otherwise.

(*Dr. Newsholme.*) The reference on page 23 meets my point, and it might be met, as in the previous case, by a cross reference.

(*Dr. Willis.*) If you mean in addition to Poor Law beds, why not say so?

(*Dr. Leslie Mackenzie.*) I might mention, taking Poor Law beds, the Local Authority's beds in Scotland, we have approximately 2,200. Taking off 500 of these as strictly Sanatorium beds, that leaves us with 1,700 beds. By this standard of 5,000 population, we should be entitled to 940 beds, so we should have to make a reduction of our beds by 300 or 400.

(*Mr. Willis.*) I think if the words, "in addition to Poor Law beds" were put in here it would make the situation much clearer.

(*Dr. Leslie Mackenzie.*) In my opinion it is much better to leave it to page 23,

(*Chairman.*) "The number of beds required is problematical, and is dealt with in Section 38."

(*Mr. Stafford.*) That is much better.

(*Dr. Leslie Mackenzie.*) On the general paragraphs, apart from principles, I would call attention to the ambiguity of the words "general hospitals," "so far as may be possible, the accommodation should be in connection with general hospitals rather than with special institutions." I think that might read, "hospitals where other diseases are also treated, so as not to exclude Public Health Hospitals." There are several Public Health Hospitals used at the present moment, or pavilions in them are used for phthisis. There is no reason why they not be continued to be used, even on a larger scale, hospitals where other diseases are also treated. Then, further down it says, "Further, the isolation and segregation of hopeless cases in separate institutions is necessary, so long as it is possible to secure adequate protection against the spread of infection." I would suggest to leave out "isolation." Simply to say, "The segregation of hopeless cases in separate institutions is undesirable and unnecessary." I think there is nothing that more prejudices the case against the use of hospitals than speaking of them as hopeless cases, and special institutions for hopeless cases.

(*Dr. Newsholme.*) I wish to express my entire confidence in those points.

(*Dr. Addison.*) What is the first point?

(*Dr. Leslie Mackenzie.*) Instead of saying "general hospitals" say "hospitals in which other diseases are treated." That includes all forms of general hospital. Then, the other is to omit the word "isolation," and say simply "The segregation of hopeless cases in separate institutions is undesirable and unnecessary."

(*Dr. Niven.*) You might even omit the word "hopeless," it is not necessary.

(*Dr. Leslie Mackenzie.*) Oh, no.

(*Dr. Newsholme.*) On that second suggestion of Dr. Leslie Mackenzie's, however, there seems to be some ambiguity in the wording. Reading it as now altered, "The segregation of hopeless cases in separate institutions," that might not mean institutions at all; they might stop at home; you do not mean that?

(*Dr. Leslie Mackenzie.*) No.

(*Dr. Newsholme.*) I should suggest the words "In institutions separate from those of other case of tuberculosis."

(*Dr. Leslie Mackenzie.*) That is what I mean.

(*Dr. Newsholme.*) It is ambiguous as it now stands.

(*Dr. Leslie Mackenzie.*) Instead of saying "hopeless cases" there, Dr. Smith Whitaker suggests "advanced cases." Nobody knows that a case is hopeless until he is dead.

(*Chairman.*) There is another point which I should like to put before the Committee, and that is the sentence which runs "As there are several advantages in having the different types of pulmonary and surgical tuberculosis in one hospital," &c. The sentence as it now stands does not quite agree with 22, where we say that "treatment and the best results can be obtained in institutions in the country," that is to say, for surgical cases. To be consistent, I think the sentence should run "As there are several advantages in having the different types of pulmonary and surgical tuberculosis in one hospital."

(*Dr. Niven.*) Would it not be as well to omit the words "pulmonary and surgical."

(*Dr. Addison.*) Yes, I should say "and different types of tuberculosis."

(*Dr. Niven.*) "Of tuberculosis"; leave it vague.

(*Dr. Latham.*) I should omit that sentence altogether, as there are several advantages.

(*Chairman.*) I should prefer that also, because it is inconsistent with another part of the Report. All right.

(*Dr. Newsholme.*) May I ask you, for one moment, to go back to the point where I asked the Committee to make an alteration? Mr. Clarke points out to me that there is still some possible ambiguity.

(*Chairman.*) What paragraph?

(*Dr. Newsholme.*) Paragraph 21, the sentence beginning, "Further, the isolation and segregation of advanced cases in institutions separate from those

" of other cases of tuberculosis." I did not wish to suggest in that that the early cases should necessarily be treated with the advanced cases, though I think that must be done sometimes; it might be other diseases; it might be a general hospital, for instance.

(*Dr. Niven.*) How would it run in wording "The segregation of cases"?

(*Dr. Newsholme.*) "The segregation of advanced cases in institutions separate from those for other diseases."

(*The Secretary.*) And then the word "undesirable" takes the place of "unnecessary."

(*Dr. Leslie Mackenzie.*) I am inclined to say "undesirable and unnecessary," because there is a reason given for the "unnecessary" that there is no real danger. It is "undesirable" on other grounds.

(*Dr. Addison.*) I am very sorry, my point is the third line of 21, "There is evidence before the Committee that there are a certain number of Poor Law Institutions which might be taken over." Is that correct?

(*Mr. Willis.*) No, I was going to suggest that instead of putting it that way you should simply begin, "A certain number of Poor Law Institutions might possibly be taken over."

(*Dr. Addison.*) I think that would be better.

(*Dr. Mearns Fraser.*) Who would they be taken over from?

(*Mr. Willis.*) I should think the County Borough Council, for example, might buy an institution, if there was a satisfactory one, off the guardians, and they wanted to sell it, so that the Sanitary Authority could deal with all the cases of tuberculosis like they deal with all cases of enteric, say.

(*Dr. Mearns Fraser.*) It is possible to do that.

(*Mr. Willis.*) Oh, yes, it is possible.

(*Dr. Leslie Mackenzie.*) In Scotland our Board has given sanction to our Local Authority to rent part of a new institution.

(*Mr. Willis.*) There was one other small point on that: "A certain number of Poor Law Institutions might possibly be taken over." Would you not rather say, "Isolation Hospitals" rather than a "Small-Pox Hospital"? It covers the more general ones, "and beds in Isolation Hospitals." I am not sure about the "&c." there; do you want it?

(*Dr. Addison.*) No, you do not want that.

(*Mr. Willis.*) "Might be adapted and utilised from time to time"; you do not want to suggest —

(*Dr. Niven.*) "Beds might be utilised from time to time."

(*Dr. Leslie Mackenzie.*) I do not see why you should limit it to "from time to time," because in Scotland the beds are in constant use.

(*Mr. Willis.*) My reason for saying "from time to time" is this; there are a great many cases in England where they are using small-pox hospitals as Sanatoria now, but the Local Government Board have always said that, if there should be an outbreak of small-pox, the authority must be prepared to take out those cases. The primary object of the institution was to treat other infectious diseases.

(*Dr. Leslie Mackenzie.*) I understand you were knocking out the words "small-pox hospitals, &c."

(*Mr. Willis.*) Well, "isolation."

(*Dr. Jane Walker.*) Is it necessary to leave in the sentence beginning, "The principles of the treatment of Tuberculosis are fundamentally the same as those of infectious diseases in general," because they are not in the least the same, are they? You do not treat cases of scarlet fever, at least, in the same way as you treat a case of tuberculosis. You can make a case of tuberculosis non-infectious by its own effort; you cannot possibly make a case of small-pox or measles non-infectious by its own effort.

(*Chairman.*) You were suggesting leaving out that sentence?

(*Dr. Jane Walker.*) Leave out that sentence altogether.

(*Dr. Newsholme.*) I quite agree; leave out the part which relates to "principles" but leave in the part which says, "The treatment of advanced cases of tuberculosis does not call for hospital treatment."

(*Dr. Jane Walker.*) I do not object to that, but I should like to leave out, "The principles of the treatment," &c.

(*Dr. Leslie Mackenzie.*) Before that is settled, what has actually been decided about these small-pox hospitals? "A certain number of Poor Law institutions might possibly be taken over and beds in isolation hospitals might be adopted."

(*Dr. Addison.*) "and utilised."

(*Dr. Leslie Mackenzie.*) "Might also be adopted and used for this purpose."

(*Dr. Addison.*) "from time to time."

(*Dr. Leslie Mackenzie.*) It is "from time to time." I wonder if you are to say "Isolation Hospitals in several places the Local Authority provide a special Department of the Isolation Hospital for the purpose of Tuberculosis."

(*Dr. Addison.*) You might say "as required."

(*Dr. Niven.*) "Utilised" is quite enough.

(*Dr. Leslie Mackenzie.*) I think the "from time to time" really does not matter.

(*Dr. Niven.*) It really does not matter, not at all. Of course, we hold our beds subject to those conditions. It is quite clear we might have to turn out at any time.

(*Chairman.*) It is now suggested that the sentence should read: "The treatment of advanced cases of tuberculosis does not call for hospitals of a special type."

AGREED.

(*Dr. Jane Walker.*) "and so far as."

(*Chairman.*) "and so far as may be possible."]

(*Dr. McVail.*) Then leave out the last five words, "and so far as may be possible the accommodation should be in connection with hospitals where other diseases are treated."

(*Dr. Niven.*) "In which other diseases."

(*Dr. McVail.*) Well, "in which," leave out the last five words.

(*Dr. Leslie Mackenzie.*) I want to raise another point. I should like the opinion of the Committee about it. The standard fixed by the Local Government Board in England and Scotland, as honoured as a rule everywhere, is 2,000 cubic feet per patient for infectious diseases. Would it not be well to indicate that that amount is not necessary for properly conducted Tuberculosis hospitals? I think Dr. Philip would bear us out in that, that 1,000 to 1,200 would be sufficient.

(*Dr. Mearns Fraser.*) That comes in the Report under "Instructions."

(*Dr. Leslie Mackenzie.*) It is a very important detail, because Local Authorities would know they could provide for double the number of patients.

(*Dr. Newsholme.*) It is extremely important in the subsection in relation to cost. It is one of the main things in regard to the cost.

(*Dr. Niven.*) As all the windows are open, they might as well be in the open air.

(*Dr. Paterson.*) I was looking at a small-pox hospital. Both the Medical Officers who were accustomed to think of the 2,000 cubic feet of space pooh-poohed it at once, and said they would not entertain the idea. I think most of the Fever Hospitals and Small-pox Hospitals would, with proper ventilation, contain about twice the number that they are built for. I should like also to say in connection with hospital accommodation that, from the point of view of prevention, we ought to bear in mind keeping some provision for the person who can pay, say, two guineas or three guineas a week. He is not wanted anywhere at present, he is not wanted in the Sanatorium, nor in the Nursing Home, and it is very hard for him to find a place for him to die.

(*Dr. Addison.*) Would not the County Authorities, in preparing schemes for their total requirements, include this class of person, say a clerk; they would provide schemes to allow them to come in on payment of a small sum. I think that is a very important thing.

(*Mr. Willis.*) That is a very important thing.

(*Dr. Niven.*) It is a difficulty which we have to consider in attempting to draw up some arrangement. You have above the insured class a large number of clerks, many of whom suffer from phthisis, and what will happen in Manchester will be that the people who have contributed to the support of the Bowdon Sanatorium will have a certain number of beds left

allocated to them, and those will be supported still by voluntary subscription. No doubt the greater number will be arranged for by the Insurance Committees, while the others will still be supported by voluntary subscriptions.

(*Dr. Addison.*) We might say, "In all cases it is desirable that arrangements should, as far as possible, be made on equitable terms for the accommodation of patients other than insured persons."

(*Mr. Willis.*) We have said two or three times that the scheme must relate to the whole community.

(*Dr. Addison.*) As long as that is understood.

(*Dr. Niven.*) I have mentioned that so that it might be generally known.

(*Dr. Paterson.*) If a person is refused treatment by a Sanatorium, an Hotel, and by a Nursing Home, he is destitute, and the Poor Law Guardians ought to provide for him.

(*Dr. Niven.*) This man is just as destitute, although above the insured class.

(*Mr. Willis.*) Quite; he would have a claim.

(*Chairman.*) Is the paragraph agreed to as it now stands? What we will try to do will be to re-write it during the luncheon interval; it has been so altered it is difficult to know how it hangs together.

(*Dr. Leslie Mackenzie.*) May I suggest as to cubic space?

(*Chairman.*) I was going to put the cubic space as follows: "A certain number of Poor Law institutions might possibly be taken over, and beds in isolation hospitals might be adapted and utilised for this purpose, though it is not necessary to provide as large a cubic space as for other infectious diseases."

(*Dr. Niven.*) You had better put it at the end, I think; it does not apply merely to Poor Law institutions, it applies specially to other hospitals.

(*Dr. Leslie Mackenzie.*) I should be inclined to say, "But where the ventilation is properly adjusted the cubic space need not exceed 1,200 cubic feet." Put it a separate sentence anywhere that it will come appropriately in.

(*Dr. Jane Walker.*) I am not in favour of putting in any cubic feet. Leave it an open matter; this has always been reckoned with closed windows. It is entirely a matter of what window space you have.

(*Dr. Addison.*) The Local Government Board will after all approve these schemes, and so on. I was rather struck with what Dr. Paterson said, that when he went to the Small-pox Hospital he saw two Medical Officers, and they pooh-poohed the idea that you could put the number of beds in that Dr. Paterson thought. They will be starting to prepare these beds; they will know the existing accommodation, and they do not know what it will take.

(*Dr. Leslie Mackenzie.*) It indicates what to play up to in a scheme.

(*Dr. Paterson.*) You can put as a general rule that the general hospital would accommodate more than double the number it was built for; it is really floor space.

(*Chairman.*) May we try, the section is so cut about, during the luncheon interval to fit it in and put it before you as a whole paragraph? Now, 22, Dr. Newsholme wishes to call it "non-pulmonary" instead of "surgical cases."

(*Dr. Philip.*) I was going to make the same suggestion.

(*Chairman.*) Does that meet the approval of the Committee?

AGREED.

(*Chairman.*) Anything else on 22?

(*Dr. Addison.*) I would suggest that "Inasmuch as the general principles of such treatment will appear to be well-established" comes out.

(*Dr. Niven.*) Where is that?

(*Dr. Addison.*) On page 14.

(*Chairman.*) I think that probably might; is that agreed to?

AGREED.

(*Dr. Philip.*) I think we omit the phrase "as gained at Alton and elsewhere"; it is the only point where we have it may be an isolated institution, it is apt to cause a misunderstanding.

(*Mr. Willis.*) That is not in now.

(*Dr. Philip.*) Yes, at the bottom of page 13.

(*Chairman.*) Ordinary experience shows that; all right. "Voluntary institutions"; is there anything on that? 23?

(*Dr. Philip.*) That they be approved, Sir.

(*Chairman.*) Yes.

(*Mr. Davies.*) To go back to 22. Is not the 150*l.* rather a low estimate of the cost per bed? I have only seen one of these institutions, but I imagine the cost per bed there would be considerably more than 150*l.*

(*Dr. Niven.*) Well, it is only a rough estimate.

(*Chairman.*) "May on an average."

(*Dr. Latham.*) That is what Mr. Corvain, down at Alton, thought.

(*Dr. Addison.*) I think we had better keep these figures down.

(*Chairman.*) All right. Then, 24, "Duties and Qualifications of Chief Tuberculosis Officers."

(*Dr. Philip.*) There was to have been a reference to After-Care Colonies; I do not find it here.

(*Chairman.*) To what?

(*Dr. Philip.*) After-Care Colonies; we had a special paragraph in the original draft which somehow seems to have been dropped altogether.

(*Dr. Latham.*) That is deferred till the Final Report.

(*Chairman.*) It could not be got ready to agree in time for this Interim Report.

(*Dr. Philip.*) I should like a reference, just as in the case of Research; a reference to the fact that it will appear in the Final Report at some time.

(*Chairman.*) Where do we suggest it could come in?

(*Dr. Philip.*) Just at that point we have been dealing with, "Factors."

(*Chairman.*) You mean a heading "Farm Colonies." This will be dealt with in the Final Report.

(*Dr. Philip.*) The need for some machinery to be recognised, quoting the first sentence from this, and the subject will be considered in the Final Report.

(*Dr. Niven.*) I do not think it should be put in, "Farm Colonies." We have not arrived at the stage when we are quite clear that that is the only way in which these people are to be dealt with.

(*Dr. Philip.*) Put it under any heading.

(*Dr. Niven.*) By all means put it in, "After-Care." This section will be dealt with —

(*Chairman.*) Perhaps during the luncheon interval Dr. Philip would think of some words, and the exact place where he thinks it should be put in.

(*Dr. Addison.*) I think the exact place would be page 11, "After-Care."

(*Chairman.*) Well, "Duties and Qualifications of Chief Tuberculosis Officers." I have an amendment to meet somebody's suggestion, that the second paragraph, in the first sentence, "From the point of view of the clearing-house they should be in intimate relationship with Medical Officers of Health," insert, "where they are not themselves Medical Officers of Health." I would like to put that before the Committee; I forget whose suggestion it was.

(*Dr. Niven.*) I think the words "From the point of view of the clearing-house" should come out. I do not see why it should be only "from the point of view of the clearing-house."

(*Mr. Willis.*) In every way they must be in intimate relationship.

(*Dr. Newsholme.*) Yes, I concur in that.

(*Dr. Leslie Mackenzie.*) I suggest to leave out "in intimate relationship with Medical Officers of Health" altogether, because if the Tuberculosis Officer is appointed, is he to be appointed by the local authority? They have the power to define his relations to the Medical Officer of Health, and many other things. They might make him a Medical Officer of Health.

(*Dr. Addison.*) We are not losing anything, we are only strengthening their hands by putting it in.

(*Chairman.*) "Where they are not themselves Medical Officers of Health," that was somebody's suggestion; I merely want it discussed.

(*Dr. Latham.*) There would be extremely intimate relations.

(*Dr. Smith Whitaker.*) I would suggest you do not put these words in.

(*Chairman.*) Not put them in?

(*Dr. Smith Whitaker.*) No.

(*Dr. Addison.*) It follows, if a man is a Medical Officer of Health, of course, he is in intimate relationship.

(*Dr. Niven.*) It is hardly necessary that they should be if you alter "should" to "would"; I think it would be much better if the word "should" were replaced by the word "would."

(*Dr. Leslie Mackenzie.*) The reason why I am emphatic about it is that it is raising up, Mr. Davies says, the same old question about the relationship of this Tuberculosis Officer. In Scotland, I contemplate three or four varieties of that. He may be a Medical Officer of Health in some cases, an Assistant Medical Officer of Health in some cases, he may be independent, and seeing one wants to leave it as open and elastic as possible, because there are reasons in favour of every variety according to situation. I would leave out "Medical Officer of Health" there altogether; I would make the sentence read, "They should maintain the most intimate relations with general practitioners in the locality, and the Medical Officers, and so on." The Council itself can settle the relation to the Medical Officer of Health, because they appoint both Officers. If Assistant, good and well; co-ordinate another Medical Officer of Health good and well just to make him an independent Officer good and well, but to say, "Relationship to the Medical Officer" looks as if an independent officer undefined, and he is to have intimate relations with the Medical Officer. Under our Public Health Act we can lay down definitely the relations between the one officer and the other.

(*Dr. Addison.*) I really cannot see myself that you are gaining anything, because where the man is not a Medical Officer of Health, if you leave this out, you will then lack the expression of our opinion that he ought to be in intimate relation with the Medical Officer of Health. You say that you contemplate that in Scotland. There will be some men who will not be in relation to the Local Authority and will not be Medical Officers of Health. Well, in those particular instances it will strengthen your hands to have this paragraph in. I cannot see you are to gain anything by knocking it out.

(*Dr. Smith Whitaker.*) May I make a verbal suggestion to meet Dr. Leslie Mackenzie: "They shall be in intimate relations, not only with the Medical Officers of Health," therefore, you make the connection with the Medical Officer of Health the obvious one, but the other is the one on which you have to dwell.

(*Dr. Leslie Mackenzie.*) Under our Public Health Act it says, "The Local Authority shall regulate the duties of such and their relations to each other."

(*Dr. Smith Whitaker.*) If Dr. Leslie Mackenzie accepts that, why need we argue it?

(*Chairman.*) "They should be in intimate relationship not only with the Medical Officers of Health, but also with the medical practitioners in the neighbourhood."

(*Dr. Leslie Mackenzie.*) Might I suggest at the very beginning, "That the Chief Tuberculosis Officer, subject to the regulations of the Council, the Principal Tuberculosis Officer of the dispensary should be responsible."

(*Dr. Smith Whitaker.*) But you are suggesting what the Regulations should provide.

(*Dr. Newsholme.*) Are we now ready to discuss the first paragraph, because I have a proposal on that?

(*Chairman.*) Yes, we are discussing 24.

(*Dr. Newsholme.*) On the first paragraph, I think that would need to be altered, "The Chief Tuberculosis Officers of the dispensary should be responsible for the clinical work of the Institution." I was not present at the last meeting, but I think that was practically decided at the last series of meetings.

(*Dr. Smith Whitaker.*) I think you are rather dislocating the conception of this Tuberculosis Officer who should be responsible for the management of the Institution. Surely you cannot carry on the work unless he is. The passage that Dr. Newsholme has in mind is entirely in another place, where you say that he should not be under any other Officer as regards the clinical duties. That does not prevent

what I gather Dr. Newsholme wants, but as regards certain duties of management he may be subject to the Medical Officer of Health, but he should be responsible for the management of that Institution, though he is responsible to the Medical Officer of Health for the way in which he conducts it.

(*Mr. Willis.*) Then, this man is to buy the coals and pay the gas bill and engage the charwoman.

(*Dr. Addison.*) Just the same as the Superintendent of an Asylum; he does not do it; he is responsible to the Committee.

(*Dr. Latham.*) He is responsible for the amount of the gas bills.

(*Dr. Addison.*) Yes.

(*Mr. Davies.*) We discussed this matter very fully before.

(*Chairman.*) And agreed to it. I do not think this is inconsistent with the Report. I think if you changed it, it would be inconsistent with the Report.

(*Dr. Smith Whitaker.*) You are opening up new questions.

(*Dr. Addison.*) The words "as already detailed." We have not already detailed. We go on to detail them a good deal in paragraph 25. I would rather suggest the words "as already detailed" be cut out.

(*Dr. Smith Whitaker.*) I have a purely verbal point on the first line. It should here be "officers" in the plural, or "dispensaries" in the plural.

(*Chairman.*) Put "dispensaries," it would mean less alteration, put them in the plural.

(*Dr. McVail.*) Then that means "these institutions." You have to alter it again consequentially.

(*Mr. Willis.*) It is simpler to call it singular.

(*Chairman.*) It is that all through. Any other point on 24?

(*Dr. Addison.*) Yes. The word "poor," is it, at the end of the second paragraph, "persons."

(*Chairman.*) Yes, it ought to be "population" not "poor."

(*Dr. Addison.*) I should say "any Tuberculosis persons," knock out the word "poor" the second paragraph on 24.

(*Chairman.*) I think that two paragraphs further on "receiving benefit" ought to come out, because I think that might lead to confusion. "It should be remembered that their duties will include both the selection and treatment of cases."

(*Dr. Mearns Fraser.*) Is not the selection of insured persons due in the first place to the Insurance Committee, not to the Medical Officer?

(*Chairman.*) Yes, but you will remember it is suggested that the Insurance Committee should take the advice of this particular officer. That comes in further in the Report, that they should be guided by the advice, in giving Sanatorium benefit, of this particular Medical Officer.

(*Mr. Willis.*) Then, you are simply omitting "receiving benefit"?

(*Chairman.*) Yes.

(*Dr. Addison.*) There is one other little point, I think, quite a verbal one, the last words of the whole paragraph should be "at the Dispensary."

(*Chairman.*) Yes; I think that should be added.

(*Mr. Willis.*) Might we not omit that sentence altogether, "It should be remembered that their duties will include both the selection and treatment of the cases"?

(*Dr. Smith Whitaker.*) It is simply repetition, Sir, of what you have got elsewhere.

(*Chairman.*) All right.

(*Dr. Leslie Mackenzie.*) I want to ask a question about this word "relationship," if you turn over to page 25 in the Appendix we come to the proposition that was agreed upon last time, left-hand column, "This Officer should be independent of control by, any other Medical man, including Medical Officers and others, so far as his clinical duties are concerned." Now, does that, if we agree to it, exclude the possibility that I have suggested, as one of the possibilities where the Tuberculosis Medical Officer may be clinically and in every other respect the assistant Medical Officer of Health or the assistant of some other man. It seems to me, I do not mind what the merits of the case are, but to exclude it is going very much too far, and it is quite unnecessary.

(*Dr. Newsholme.*) May I say, Sir, as regards the Appendix, I should like to ask the question whether this Appendix will be signed by the persons —

(*Chairman.*) The Appendix is to be signed by those gentlemen who are responsible for drawing up the Appendix.

(*Dr. Newsholme.*) That very much minimises the objection to any statement to which one might object.

(*Chairman.*) It might be desirable to alter this.

(*Dr. Smith Whitaker.*) I wish to rise to a point of order. It seems to me Dr. Leslie Mackenzie's question refers to the wording of the Appendix, and to any question which is raised on this paragraph. We had all agreed as to this paragraph. If he thinks it prejudices his position, he can raise it later on.

(*Dr. Mearns Fraser.*) I do not think Dr. Leslie Mackenzie wants to include in this paragraph which is now in the Appendix.

(*Dr. Leslie Mackenzie.*) I want to be quite clear.

(*Dr. Smith Whitaker.*) I should like Dr. Leslie Mackenzie to tell us how in the world he or anybody else can devise a system whereby the Medical Officer of Health could be responsible for the opinion which the Medical Officer of the Dispensary expresses when he thinks a man has got a cavity in his lung—how could he be responsible for his clinical opinion.

(*Dr. Leslie Mackenzie.*) You mean the Medical Officer of Health cannot be responsible medically or clinically.

(*Dr. Addison.*) He cannot be responsible for this man's opinions; he must be responsible for them himself. You must remember this, that you are claiming that this Tuberculosis Medical Officer is to control the whole of Tuberculosis insured and non-insured, and you are proposing to cut off the Medical Officer of Health from any clinical work in connection with Tuberculosis, practically it amounts to that; it is a most extraordinary proposal.

(*Dr. Leslie Mackenzie.*) Well, it cannot be done.

(*Dr. Smith Whitaker.*) I propose we postpone the discussion on the Appendix till we come to it.

(*Dr. Leslie Mackenzie.*) It is a question of the "meaning of the word "relationship"; "should be in intimate relationship with Medical Officers of Health." To me "intimate relationship" can have no other meaning except one, namely, that he shall be excluded from the possibility of being a clinical assistant to the Medical Officer of Health; if he is not to be under the clinical control or any control of any other medical men, surely the relationship with Medical Officer is intended to be read as excluding the possibility of his being in such intimate relationship. That means something quite different. It is qualified by this proposal in the Appendix, is it not?

(*Dr. Smith Whitaker.*) The word "relationship" means anything that anybody likes to put on it, until you put some definite interpretation upon it.

(*Dr. Leslie Mackenzie.*) Precisely; that is my objection to it.

(*Dr. Smith Whitaker.*) Dr. Leslie Mackenzie's point comes on the Appendix, and does not come here on this paragraph. We have left the thing perfectly open. If Dr. Leslie Mackenzie thinks we are putting a colour on the word "relationship" that he objects to, the place to discuss that is on the Appendix. As long as the words are perfectly open here there can be no prejudice.

(*Dr. Newsholme.*) The difficulty about that method of dealing with the matter is, that even if the Appendix be signed by the gentlemen who have been good enough to prepare it, if one does not put in the main Report a statement that one does not agree with it, one may be committed to the contents of the Appendix.

(*Dr. Addison.*) We have had this question argued every day we have been in this Committee. We came to the conclusion that it was necessary, and there was not even a division on it, that this man should be independent from the clinical point of view of anybody else, because we must fix responsibility upon him; unless we make him independent we cannot fix responsibility upon him for his clinical decisions. We deliberately came to that conclusion; I object to its being everlastingly opened up.

(*Dr. McVail.*) I quite agree, and I think the suggestion that the Appendix should only be signed by one or two gentlemen who are responsible for it, I think, opens up the whole matter again. That decision was arrived at with regard to the whole relationship, and now it is proposed that the decision should be put down only to the men who sign it, and not put down as the decision of the Committee at all, so that the whole position is totally changed. I think, myself, the difficulty might be got over in this way; in the fifth line, "from the point of view of the Clearing House they should be in intimate relationship with Medical Officers of Health to whom they may be Assistant"; they might make it quite clear "that they may be Assistant"; and then go on to "General practitioners in the locality," and so on.

(*Chairman.*) We have often been told by Dr. Leslie Mackenzie and Dr. McVail that we want a free hand as regards Scotland. It does seem to me this Report does not prevent them adopting any principles as regards Scotland they think right. They are after all suggestions. The Local Government Board can agree on certain lines of action. As regards Scotland, this Report will not prevent them doing so. As to the point of the Appendix, I suggest we deal with it when we come to it; we have not yet finally settled who are to sign the Appendix, and who are not. I will remind them that it was put to a vote of this Committee, and what was put in the Appendix, and this particular point happens not to represent the opinions merely of the gentlemen who originally drafted that, but represents the result of a deliberate vote of this Committee, arrived at on the motion of Dr. McVail himself. I think it was he who suggested as regards their clinical duties.

(*Dr. McVail.*) I agreed to Dr. Addison's suggestion at once; I never for a moment dreamt that that was to be the opinion of the whole Committee, and not the opinion of one or two particular men who drafted the phrase.

(*Dr. Smith Whitaker.*) I do not know where we are. Dr. Leslie Mackenzie is now objecting to these words in the Appendix, and seeking to raise them as a difficulty as regards this paragraph.

(*Dr. Leslie Mackenzie.*) I am not objecting to the words. I want to be quite clear whether this word "relationship" excludes the possibility which Dr. McVail is suggesting, namely, that the Tuberculosis Officer might be an assistant to the Medical Officer of Health. If it does, then I object to it from top to bottom. I could not advise my Board to agree to any such thing.

(*Dr. Smith Whitaker.*) But surely, the whole of Dr. Leslie Mackenzie's argument does not rest on this relationship here; it rests on a certain passage which he quotes from the Appendix. It is that phrase in the Appendix which the Committee have agreed to, and not this word "relationship" here.

(*Dr. Addison.*) I think this point is of such fundamental importance, and we have already settled it, lest there should be any misunderstanding about it, simply coming under the signatures of one or two who drafted the Appendix, we deliberately decided this at the Committee, as the minutes will show, after the word "house" we insert and we say, "This officer should be independent of control by any other medical man, so far as his clinical duties are concerned." Those are the words that we agreed upon at the Committee, and I, therefore, suggest that they be inserted here.

(*Mr. Davies.*) I second that. I think it is most important that we should lay that down, and, as it has been raised on this specific word "relationship," I think it had better go into this part of the Report.

(*Mr. Willis.*) I should like to say one or two words. I quite agree with Dr. Addison that the Committee did agree with regard to this clinical work this man must be solely responsible. They have also agreed that in the main these dispensaries should be brought into being and organised by local authorities, and I think it has been recognised all along that in most cases local authorities will look to their medical officer as being their chief executive officer. He will have no control over this man as regards his clinical work, but this man will, in a sense, be an assistant to the Medical

Officer of Health, and all I think Dr. Leslie Mackenzie wants to avoid is our saying any thing inconsistent with that idea.

(*Dr. Leslie Mackenzie.*) Precisely.

(*Mr. Willis.*) Only that; that is as I gather it; it is not that he wants to go back on that at all. As I understand, you agree that as regards his clinical work.

(*Dr. Leslie Mackenzie.*) It is much more the Medical Officer that is included here. It says, under "Medical Men," this Appendix would exclude the possibility of having a junior medical man subject to a senior consultant who is not a medical officer at all; a perfect absurdity.

(*Dr. Addison.*) No, we have said that this man who was to be the responsible officer of the Dispensary was to be made responsible for the clinical advice that he gave, and unless we make him responsible for the clinical advice I do not know where we are. We deliberately decided that this man must clinically be the responsible person, and we, therefore, think, clinically, he should not be under the control of anybody else.

(*Mr. Willis.*) Would it meet you if we put in that sentence, "that as regards the clinical work he should be solely responsible," and also said, "in some instances no doubt he will be an assistant to the Medical Officer of Health"?

(*Dr. Addison.*) I do not dispute that.

(*Dr. Newsholme.*) As Dr. Leslie Mackenzie has pointed out, it is not only a Medical Officer of Health in some cases, a relatively young man at the Dispensary, and the man at the county hospital is a referee, and you have cut him out.

(*Mr. Willis.*) The Committee wants to make definitely that idea, as I understand.

(*Dr. Latham.*) Are you to have the Medical Officers of the Dispensaries subject to consulting physicians and other people, with regard to the decisions they make as to the suitability of treatment? I hope not. I take it what originally was in the Appendix was that he should be independent of control of any medical man in any particular, and it was added, I understood, by those who are now objecting to it, that he should be independent so far as his clinical duties were concerned, and our object in putting it in was to prevent him being controlled. Our idea was that you must get the best men you can possibly get for these posts, and if you are to advertise that this man is to be controlled in every little petty thing he is to do, whether a clinical man or anything else, then you will not get the best men to come in. I regard it as a fundamental thing that the man should be independent of control. I have seen so much of it in Sanatoria and Hospitals. A man controlled constantly by committees of medical men has his heart completely broken and he takes no interest in his work.

(*Dr. Addison.*) If the man makes a mistake I wig him, or dismiss him, but he must be responsible.

(*Chairman.*) What is your opinion, Dr. Jane Walker?

(*Dr. Newsholme.*) This sentence in the Appendix would prevent Dr. Philip, as Visiting Physician to his Dispensary and his Hospital, from having any say whatever in the decision as to whether a given person —

(*Dr. Phillip.*) I do not think it is wise to take individual examples, Sir, but if there was one point more fundamentally settled than the other, it surely was the point that the Tuberculous Medical Officer was to be independent *qua* clinically.

(*Chairman.*) I think he could call in Dr. Philip or anybody else. It merely said no outside person should have the right of coming in and interfering with him, but he can call in anybody else he likes.

(*Dr. Niven.*) May I put my own case to you? I have had to do with this Tuberculosis Hospital in which we take in advanced cases; I have also had to do with the examination of the cases, and going into the Crossley Sanatorium. From the moment that any scheme which I put forward and which will be accepted, if this Report is the basis of our schemes, it will at once debar me from taking any further clinical part in anything absolutely. That will be the effect of this, and the same with all other medical officers.

(*Dr. Leslie Mackenzie.*) In the case of Sheffield, where the man in charge of the Dispensary at present is an assistant to the Medical Officer of Health, he shall be thereby debarred from becoming a Tuberculosis Officer. He is a man of 10 years' experience in Sanatorium work, I understand, any qualified in every way. He is technically an assistant in every respect to Dr. Scurfield the Medical Officer of Sheffield. Is he to have his tenure of office terminated, is that the suggestion, merely because he is an assistant to the Medical Officer of Health?

(*Dr. Bardswell.*) I may say at Sheffield Dr. Chapman is entirely in charge of the clinical work. Dr. Scurfield leaves the whole thing over to him.

(*Dr. Leslie Mackenzie.*) Yes, over to him, but he is appointed as an assistant to the Medical Officer of Health.

(*Dr. Niven.*) Dr. Scurfield can walk in and take part in the clinical work.

(*Dr. Bardswell.*) He never does it.

(*Dr. Paterson.*) This statement does not debar any medical man you like going into the dispensary, the Medical Officer of Health or anyone else, and if he thinks that the Tuberculosis Officer is doing his work indifferently or badly, it will not prevent a person going in from reporting him if he wishes to. He has not to go to the man and say: "You are not giving your tuberculin right; you have omitted this or that"; the question of efficiency can be inspected by any medical man, I should say, and it has been considered by the Committee.

(*Dr. Addison.*) As a point of order, we do protest again. We have already decided this question after arguing it, and I protest against it being gone back on.

(*Dr. Leslie Mackenzie.*) It was decided very rapidly and very hurriedly. I did not realise what was fully in it. I am asking a question about what advice are we to take in Scotland? Take the case of Sheffield, are we suggesting in this that that type of thing should be terminated? If we are, of course, I, for one, cannot accept that. I am not asking on the merits; it may be right or it may be wrong. I am quite willing to accept the proposition that the man should be left alone for clinical work; but knowing that cases arise where your Medical Officer of Health, or an outside consultant may be part of the scheme here, it would be practically impossible.

(*Dr. Bardswell.*) In what way will he be?

(*Dr. Leslie Mackenzie.*) Because we are told that "This officer should be independent of control by any other medical man so far as his clinical duties are concerned."

(*Dr. Bardswell.*) So he is here.

(*Dr. Leslie Mackenzie.*) He is under Dr. Scurfield for every purpose.

(*Dr. Bardswell.*) Not for his clinical work.

(*Dr. Leslie Mackenzie.*) I asked Dr. Scurfield about it.

(*Dr. Bardswell.*) It is not so in practice.

(*Dr. Mearns Fraser.*) It would solve this question if we adopted the suggestion of Mr. Willis.

(*Dr. Smith Whitaker.*) If the proposal is that he should be an Assistant Medical Officer it would not meet my views.

(*Mr. Willis.*) "The Chief Tuberculosis Officer of the dispensary should be responsible for the management of the Institution including the admission, diagnosis, and treatment of patients, both at the dispensary and at their homes. He should be independent as regards his clinical work, but in some instances he would no doubt be an Assistant to the Medical Officer of Health. In all cases, he should be in intimate relationship with the general practitioners in the locality," and so on. That expressly says that he is responsible for the management of the institution, including the admission, diagnosis, and treatment, and that he is to be independent as regards his clinical work, but at the same time, in some instances, he may be an Assistant to the Medical Officer of Health, because in connection with this campaign against Tuberculosis, the Medical Officer of Health has to do a good deal of work apart from actually seeing cases, and frequently this man, if he is a suitable man, when he is visiting himself, could make

other inquiries on behalf of the Medical Officer of Health. He has to go to the house to see a patient, and when he is there, I think he is a most suitable man to do other work, that is part of the Medical Officer of Health's statutory work.

(*Dr. Mearns Fraser.*) One might think also the various places, small districts in the country where the Medical Officer of Health cannot find enough Tuberculosis work to occupy him, and he may fill in this work with other work.

(*Mr. Davies.*) That is precisely what we do not want.

(*Dr. Smith Whitaker.*) It seems to me that we are re-opening questions. If we are to go into this again let us repeat the arguments. We had this question that this man might be an Assistant Medical Officer of Health by Dr. Niven. We had it raised on the question of salary. When we proposed this man's salary should be 600*l.* or 700*l.* a year, Dr. Niven objected that that would be rather a high salary to give to an Assistant Medical Officer. I said, exactly; that is exactly what we object to; we want to get a man of good standing for these duties, and you will not get that if you are to make him an Assistant Medical Officer of Health. I do not want to prejudge the question by putting anything in that would prevent that, but neither do I think that we should suggest that we should leave the field perfectly open. There is nothing in this Report to prevent the Authorities in Scotland from adjusting this matter as they think proper, but I do not want to prejudice the future administration of this matter in England. I know the difficulty with these Insurance Committees. If you are to make these men in England Assistant Medical Officers of Health, you are to make it very difficult to get them appointed as the official Officers to the Insurance Committees. On the insurance side of the work the independence of this officer in his clinical work is the fundamental factor in the matter. I cannot see why we want to touch this paragraph which is absolutely neutral; it does not prejudice the matter one way or the other, because of something in the appendix which we can alter when we come to it, but I do not think we should alter the structure of this paragraph.

(*Dr. Leslie Mackenzie.*) One important statement Dr. Smith Whitaker has made. Is this paragraph specifically restricted to England and Wales? If so, I have nothing more to say on the point.

(*Dr. Smith Whitaker.*) Even if it is applicable to Scotland, will Dr. Leslie Mackenzie show me what there is in this paragraph to prevent him making these men Medical Officers of Health or Assistant Medical Officers of Health?

(*Dr. Newsholme.*) This paragraph is somewhat ambiguous because Dr. Smith Whitaker takes one view of it and Dr. Leslie Mackenzie takes another view. That rather leads me to say that the Committee might adopt some such suggestion as I have made, which puts the thing absolutely clearly.

(*Dr. Mearns Fraser.*) It would be important if we knew whether this referred to Scotland or not. Dr. Smith Whitaker thinks it does not; Dr. Leslie Mackenzie seems to think it may refer to Scotland.

(*Dr. Smith Whitaker.*) I say it does not apply to Scotland; it does not prejudice Dr. Leslie Mackenzie's case.

(*Chairman.*) The words suggested now are: "The Chief Tuberculosis Officers of the Dispensary should be responsible for the management of the institution including the admission, diagnosis, and treatment of patients, both at the dispensary and at their homes. They should be independent of control as regards their clinical work, in some circumstances they may be assistant to the Medical Officers of Health, and in any case they should be in intimate relationship not only with the Medical Officer of Health but also with the general practitioners in the locality, and the medical officers of the several institutions (sanatoria, hospitals, &c.), which constitute elements in the co-ordinated scheme."

"They should decide as to the suitability of patients for the Sanatorium, the hospital for advanced cases, &c. in co-operation, so far as is possible, with the general practitioners and with the medical officers of the several institutions. They should also be in

close touch with other authorities (including those responsible for Poor-Law institutions) charity organisation societies, and all agencies, voluntary or otherwise, which have an interest in tuberculous persons.

"The Committee desire to lay emphasis upon the necessity of having suitably qualified and experienced medical men for the senior appointments in connection with the Dispensaries and Sanatoria. Indeed, the effectiveness and economy of the administration of the scheme suggested by the Committee will be dependent, in a large degree, upon the judicious selection of these officers.

"With a view to securing desirable officers the Committee recommend that, in giving or withholding approval, the Local Government Board should take into consideration the whole management and staffing of these institutions (including the tenure and other conditions of appointment of the staff), not alone from the point of view of the advantage to the patients concerned, but in order to command the confidence and co-operation of the medical practitioners within the area.

"Whilst not desiring to lay down any hard-and-fast conditions, the Committee are of opinion that preference should be given to registered medical practitioners of suitable qualifications and experience and not less than 25 years of age, who have held house appointments for at least six months in a general hospital, in addition to a similar period of attendance at a special institution for the treatment of tuberculosis. They should also be competent to supervise such laboratory work as may be necessary at the dispensary."

(*Mr. Willis.*) That would meet me.

(*Chairman.*) Does that meet you?

(*Dr. Smith Whitaker.*) No, unless you leave out "in some instances they may be Assistant Medical Officers of Health."

(*Dr. McVail.*) Would this do; I do not know whether it would meet Dr. Smith Whitaker or not: "The Chief Tuberculosis Officer of the Dispensary should be independent of control by any other medical men so far as his clinical duties are concerned, and should, subject to his relationship to other officers as defined by the Local Authorities' regulations, be responsible for the management of the Institutions, including the admission, diagnosis, and treatment of patients, as already detailed, both at the Dispensary and at their homes."

(*Dr. Smith Whitaker.*) That I would agree.

(*Dr. McVail.*) That gets rid absolutely of mention of the assistantship, but makes the relationship of the Tuberculosis Officer to the Medical Officer or any other officer subject to the Regulations of the Local Authority.

(*Dr. Addison.*) Would you mind reading it again?

(*Dr. McVail.*) "The Chief Tuberculosis Officer of the Dispensary should be independent of control by any other medical men so far as his clinical duties are concerned, and should, subject to his relationship to other officers as defined by the regulations of the Local Authority, be responsible for the management of the Institution, including the admission, diagnosis, and treatment of patients, as already detailed, both at the Dispensary and at their homes."

(*Dr. Smith Whitaker.*) I am prepared to accept that because it does not prejudice the position. It leaves it to be settled by the Local Authorities; it can be discussed then.

(*Chairman.*) Does that meet you, Dr. Latham.

(*Dr. Latham.*) Yes, quite.

(*Dr. Addison.*) I think that meets the case, and it suits Dr. Smith Whitaker. Personally, I would not object to the other way, because in any instance these men will be on the staff of the Medical Officer of Health; in big places one does not want to be, but I think that form of words fits in perfectly well.

(*Dr. Newsholme.*) I am prepared to accept that form of words, but I must express my fear on one point that there will be cases where the Tuberculosis Officer appointed will be a relatively young man, and where the Insurance Committee and the Local Authority will want to have his opinion backed up not by the Medical Officer of Health but by a consultant, and, unfortunately, although I am not to vote against it, that proposition now given excludes the possibility of

having a consultant to advise as to which cases should be sent to a Sanatorium. I have an actual case of a big town with 500,000 population, such a proposal is before me at the present moment in which they wanted to have a well-qualified Tuberculosis Medical Officer, but they intend also to meet the requirements of the Insurance Act to have a consultant physician attached to a big hospital. That is the skeleton plan which I have seen, and unfortunately this seems to cut it out.

(*Dr. McVail.*) I do think that Dr. Newsholme has not had time to look into this quite. "Should be independent of the control of any other medical man so far as his clinical duties are concerned"; that means treatment of the cases, but you will observe what follows with regard to "admission," and so on; "and should, subject to his relationship to other officers as defined by the regulations of the Local Authorities, be responsible for the management of the institution including the admission, diagnosis, and treatment of patients."

(*Dr. Newsholme.*) I am sorry I did not catch that latter phrase. That meets my point.

(*Dr. McVail.*) There is a distinction.

(*Dr. Niven.*) Quite; but I still beg to point out that, in doing that, you are compelling Medical Officers of Health who have taken an interest in Tuberculosis to make a considerable sacrifice of their interest in this question, because you are still debarring them from the clinical side of the work.

(*Dr. Mearns Fraser.*) There must be give and take in this.

(*Dr. Leslie Mackenzie.*) I regret I cannot agree to it, because I think the sentence is self-contradictory. It says: "he is to be independent as far as clinical work is concerned," but in the next limb of the sentence it says that "he is to be subject to the regulations of the Local Authority, as far as other officers are concerned for admission, diagnosis, and treatment," that is to say, again, for clinical work, that is to say, he is to be both in and out, but, as far as Dr. Niven is concerned, is it suggested that the Medical Officer of Health can be absolved from clinical responsibility in a case of tuberculosis? Suppose a case is reported by the Tuberculosis Officer, suppose that case is even passed by a Tuberculosis Officer and rejected by his Committee, and suppose the case is to be nursed at home, the Medical Officer of Health goes in quite independently, takes his own view, that case is not fit to be nursed at home; who is to decide? That is clinical work. Under our Public Health Act our Medical Officer of Health has the full power to examine that patient; you cannot divest him of that power. All I am pleading for is, that you leave the question open on the merits of the case.

(*Dr. Addison.*) That does not arise on the Dispensary.

(*Dr. Leslie Mackenzie.*) Undoubtedly it does Dr. Addison. Take the case I am putting, a case of tuberculosis diagnosed by the Tuberculosis Officer, refused Sanatorium benefit by the Committee; refused treatment in the Sanatorium by the Committee, to be nursed at home; the Medical Officer finds it is an unsuitable home; what is he to do?

(*Dr. Addison.*) He would insist, of course, as he has power to do, on the removal from his home. He would say this is an infectious case, or the home is unsuitable or not; it has nothing to do with the management of the Dispensary, this would come before the Committee, they would have to put him in one of these hospitals themselves, or what not, they would have no alternative but to fall in with this, because it is within his jurisdiction.

(*Dr. Leslie Mackenzie.*) Then, by definition, this Tuberculosis Officer is responsible for treatment by definition; also the Dispensary carries on his treatment at home. He is therefore responsible, and can be responsible in many cases for the treatment of the case at home in a perfectly unsuitable place.

(*Dr. Addison.*) Every day we live in the week we all overlap somebody, these men will overlap, but this is a well-tried general distinction that these men's duties at the Dispensary, clinically, should be independent and responsible for those clinical decisions.

(*Dr. Latham.*) He says, so far as the clinical duties are concerned; so far as admission, diagnosis, and

treatment, this Medical Officer of the Dispensary is to be under the control of the regulations made by the Local Authorities, but that so far as his clinical duties are concerned he is not to be under the control of any medical men.

(*Dr. McVail.*) Yes.

(*Dr. Latham.*) Is he to be under the control of the medical men with regard to diagnosis, treatment, and admission, or what clinical duties relieve him that he is not to be under the control?

(*Dr. McVail.*) The first part of my suggestion is stating the opinion of this Committee that the man should be independent clinically. The second part points out that like every other officer of the Local Authority his relationships to other men must be subject to the regulations of the Local Authority. But the first part is a direction to the Local Authority that they should not make a regulation putting him under another man in respect of clinical work.

(*Chairman.*) I think Dr. Latham as Dr. Leslie Mackenzie pointed out it was contradictory, and I think the thing to do is to knock out "including admission" down to the end of the sentence, so that it would read: "The Chief Tuberculosis Officer of the Dispensary should be independent of control by any other medical men so far as his clinical duties are concerned, and should, subject to his relationship to the other officers as defined by the Local Authorities regulations, be responsible for the management of the Institution."

(*Dr. Paterson.*) I think Dr. Leslie Mackenzie's case ought not to arise. He says supposing you get an unsuitable patient being treated at home by the Medical Officer of Health, well surely it would be the Medical Officer of Health's duty to point out to the Committee controlling the Tuberculosis Officer than that was not taking suitable steps to prevent the spread of infection in the case of this treatment. If he works sufficiently, that type of case should not arise.

(*Dr. Niven.*) To meet your point, Dr. Paterson, it will be much better to state plainly that they should decide as to the suitability of patients for the Sanatorium, the Hospital for advance cases, &c. in conjunction with the Medical Officer of Health, and add the words "in conjunction with the Medical Officer of Health."

(*Mr. Willis.*) I am inclined to think, Mr. Chairman, that the suggestion you last read out is sufficiently wide to meet us all.

(*Chairman.*) Is that the general agreement of the Committee?

AGREED.

(*Chairman.*) Is there anything else on 24.

(*Dr. Leslie Mackenzie.*) I accept that, Mr. Chairman, subject to the inconsistency of it with our Public Health Act. I cannot advise my Board to go on the lines which would make it impossible for a Medical Officer of Health or his assistant to be Clinical Tuberculosis Officer of the Dispensary.

(*Mr. Willis.*) I would object to these words if it made that impossible.

(*Dr. Leslie Mackenzie.*) I have turned it round for three weeks; it seems to tie them up.

(*Mr. Stafford.*) You are discussing this on the most extraordinary serious lines. You would think we were making laws for the world on this. I have not said a word on this matter because I know it does not apply to me in any shape or form. If it did apply to me I should not bother my head about it. But these are merely suggestions to people; they are not laws. This does not apply to Ireland, I know, because we have no county Medical Officers of Health to apply to it.

(*Dr. Newsholme.*) These may be suggestions, but Mr. Stafford recognises his responsibility as a member of this Committee in making recommendations.

(*Dr. Leslie Mackenzie.*) I take the work of this Committee as seriously as if I were a member of the House of Commons. I cannot commit myself to a principle that seems to me administratively unsound. I, therefore, enter my dissent from this finding. It may suit Mr. Stafford to deal lightly and pleasantly with Ireland; we are accustomed to that from Ireland. In Scotland we take ourselves tremendously seriously.

(*Mr. Stafford.*) Dr. Leslie Mackenzie will probably see the joke to-morrow.

(*Dr. Leslie Mackenzie.*) I saw it before I made it.

(*Chairman.*) Is there any other point on 24?

(*Dr. Paterson.*) Yes, "Not less than 25 years of age." I think it would be a good thing to put an age limit. I will tell you why. When my appointment at Frimley was advertised, it said 500*l.* a year. All the old retired Army Colonels and that sort of people said, here is a nice soft job; they all applied for it, and you will get them doing it here.

(*Dr. Bardswell.*) You need not have them.

(*Dr. Paterson.*) Make it 55 or 60 and you will do it.

(*Chairman.*) They would not be likely to take a man of that sort.

(*Mr. Willis.*) Do you not think we ought to say "Not less than 30 years of age?" We are proposing that this man shall take the responsibility of advising the Insurance Committee in all cases where he can, and I must say I think 25 is rather too young.

(*Dr. Smith Whitaker.*) I support that.

(*Dr. Jane Walker.*) I think that is much better.

(*Dr. Newsholme.*) I think it is rather unfortunate to tie one's hands. I happen to know the case of an admirable fellow between 26 and 27 years of age at the present time who has been a medical officer of a sanatorium, and who would be an admirable man for such a post as this. He is three years too young unfortunately, according to this time limit. I should be very sorry to have my hands tied.

(*Mr. Willis.*) We start by saying "Whilst not desiring to lay down any hard and fast conditions, the Committee are of opinion that preference should be given to registered medical practitioners of suitable qualifications and experience, and not less than 30 years of age." I think a man ought to be 30 for this position.

(*Dr. Niven.*) 25 is all right.

(*Chairman.*) Those in favour of 25?

On a show of hands,

(*Chairman.*) 25 has it.

(*Dr. Philip.*) On the second last line, sir, do you not think it might be worthy of consideration whether we should not give as an option "or Tuberculosis Dispensary."

(*Chairman.*) Well, I think it probably better to put in "Institution"; "special Institution." That covers dispensary as well as hospital or sanatorium.

(*Dr. Philip.*) I simply raise the point.

(*Chairman.*) Then at the end, after "necessary" to put in "at the Dispensary."

AGREED.

(*Chairman.*) Gentlemen, I said I would write out during the luncheon interval, section 21. It now reads as follows:—"The amount of hospital accommodation required, and, to a less extent, its character, must depend on local conditions. Existing accommodation should be utilised as far as may be found feasible. There is evidence before the Committee that there are a certain number of Poor Law institutions which might be taken over, and beds in smallpox hospitals, &c., which might be adapted for this purpose. Where the accommodation is insufficient it is a better plan to provide the additional beds required by additions to existing institutions rather than by the erection of new and special buildings. The principles of the treatment of tuberculosis are fundamentally the same as those of infective disease in general, and do not call for hospitals of a special type. So far as may be possible, the accommodation should be in connection with general hospitals rather than with special institutions. If this policy is adopted, the danger of the treatment of tuberculosis becoming a special and separate thing will be lessened, the needs of medical education will be met to a greater extent than they are at present, and administration will be more economical. As there are several advantages in having the different types of pulmonary and surgical tuberculosis in one hospital, there is no occasion to provide special and separate institutions. Further, the isolation and segregation of hopeless cases in separate institutions is unnecessary, so long as it is possible to ensure adequate protection against the spread of infection. The accommodation made for advanced cases should be, so far as possible, in

" districts which are easy of access to the friends of the patients."

(*Dr. Smith Whitaker.*) Is the point of cubic space in there?

(*Chairman.*) It is put in "provided that the ventilation is adequate; it is not necessary to provide as large a cubic space per patient as for other infectious diseases."

(*Dr. McVail.*) Are we going to have 24 read, Sir, as altered, in the same way?

(*Chairman.*) Yes; Mr. Clarke will read it.

(*The Secretary.*) That is "Duties and Qualifications of the Chief Tuberculosis Officers."

(*Dr. McVail.*) Yes, 24.

(*The Secretary.*) "The chief tuberculosis officers of the Dispensary should be independent of control by any other medical man, so far as their clinical duties are concerned, and should, subject to their relationship to other officers as defined by the local authorities' regulations, be responsible for the management of these institutions. They should be in intimate relationship, not only with Medical Officers of Health, but also with the general practitioners in the locality, and the medical officers of the several institutions (sanatoria, hospitals, &c.) which constitute elements in the co-ordinated scheme. They should decide as to the suitability of patients for the sanatorium, the hospital for advanced cases, &c., in co-operation, so far as is possible, with the general practitioners and with the medical officers of the several institutions. They should also be in close touch with other authorities (including those responsible for poor law institutions), charity organisation societies, and all agencies, voluntary or otherwise, which have an interest in tuberculous persons."

"The Committee desire to lay emphasis upon the necessity of having suitably qualified and experienced medical men for the senior appointments in connection with the Dispensaries and Sanatoria. Indeed, the effectiveness and economy of the administration of the scheme suggested by the Committee will be dependent, in a large degree, upon the judicious selection of these officers."

"With a view to securing desirable officers, the Committee recommend that, in giving or withholding approval, the Local Government Board should take into consideration the whole management and staffing of these institutions (including the tenure and other conditions of appointment of the staff), not alone from the point of view of the advantage to the patients concerned, but in order to command the confidence and co-operation of the medical practitioners within the area."

"Whilst not desiring to lay down any hard-and-fast conditions, the Committee are of opinion that preference should be given to registered medical practitioners of suitable qualifications and experience and not less than twenty-five years age, who have held house appointments for at least six months in a general hospital, in addition to a similar period of attendance at a special institution for the treatment of tuberculosis. They should also be competent to supervise such laboratory work as may be necessary at the dispensary."

(*Chairman.*) Dr. Philip has sent in an amendment to the third paragraph, page 12, second unit, after the sentence which reads "A certain proportion of the cases in which the working capacity is likely to be restored require treatment in a sanatorium." He would like to insert, "There would seem to be need for some machinery whereby suitable employment might be found for selected cases after discharge for treatment, in whose case an immediate return to their previous occupation would imply risk of relapse and corresponding economic waste. The Committee hope to refer to that matter further in the Final Report." I do not know whether it will be better to modify it by saying, "will prove suitable for some patients." "There is reason to believe that Farm Colonies will prove serviceable to some patients in whose cases an immediate return to their previous occupation would imply risk of relapse and corresponding economic waste."

(*Dr. Mearns Fraser.*) I do not doubt that, Sir, but what are the reasons, there are farm colonies; there is one in Edinburgh.

(*Dr. Philip.*) Yes.

(*Dr. Mearns Fraser.*) And any others.

(*Dr. Philip.*) They have arisen very largely in the United States. There they are not very successful. What I am anxious to do, Sir, at this stage is to get the idea; I do not want to press the point beyond that.

(*Dr. Paterson.*) In that first paragraph, could we not refer to the subject of "after care" and say: "that this subject will be dealt with in the Appendix?" Are we to commit ourselves to farm colonies as the particular mode in which "after care" is to be dealt with? I think that is most undesirable.

(*Chairman.*) Dr. Paterson suggests that it should read as follows: "There would also seem to be need for some machinery, whereby suitable employment might be found for selected cases after discharge from the sanatorium." Then to add, "The Committee hope to deal with this."

(*Dr. Philip.*) I should like to say "as for example in farm colonies." I do not think I can agree to that. I should have to vote against that at the present time.

(*Chairman.*) You mean the words "farm colonies."

(*Dr. Newsholme.*) I should have to vote against the words "farm colonies" at the moment. Would this satisfy you? "There would also seem to be need for some machinery, whereby suitable employment might be found for selected cases after discharge from treatment in whose case an immediate return to their previous occupation would imply risk of relapse and corresponding economic waste, and the Committee hope to deal with this in the Final Report."

(*Dr. Philip.*) No, I am most anxious to get the idea of the "farm colony"; it would seem very strange if this were omitted.

(*Dr. Niven.*) I do protest that it is not necessary to put any specific mode of dealing with the "after care" of patients.

(*Dr. Mearns Fraser.*) We do not quite like to commit ourselves to that term straight away until we have had experience or evidence before us; "the machinery" does cover it.

(*Chairman.*) It is not essential for the Interim Report, and we do expect you to raise the point in the Final Report; it is rather a new subject.

(*Dr. Philip.*) No, you have in your original draft which was accepted by the Committee, I may remind you, an entire paragraph on this point; I am merely recalling what was already before the Committee.

(*Dr. Niven.*) I strongly protest against this crystallisation of this particular mode of procedure.

(*Dr. Philip.*) That would be met by saying "such as"; then I have the original paragraph in my hand if it is desired to have it read.

(*Dr. Newsholme.*) I think, Dr. Philip, as you have already observed, we have really got substantially all that we can expect at this stage. If we have evidence at a later stage of the exact utility of farm colonies then we might consider that. At the present moment I am not in a position, although I have read a good deal about farm colonies, to commit myself to the view that they should be an essential part of the machinery we recommend.

(*Dr. Philip.*) All I plead for is just the expression "such as"; it was one of the first headings at one of our very first meetings, and I have been told it would be referred to again and again, and now I am saying when and how it should be referred to.

(*Dr. Niven.*) If the expression, "such as farm colonies" is used, it singles out "farm colonies" as the mode of procedure. For instance, market gardening might ultimately prove to be a better mode of dealing with the thing; I only instance that.

(*Dr. Paterson.*) Or we might add leather making, like they do at Alton.

(*Dr. Philip.*) Well, you might give two alternatives.

(*Dr. Bardswell.*) I have had some experience of a farm colony; I watched one being run for two years; of course, the work is suggestive that something might come eventually. On the present evidence I do not think it is essential; it is far better that it should come into the Final Report or into the Appendix. I agree with Dr. Niven; I would not mention them by name.

(*Dr. Jane Walker.*) We might have a special section on farm colonies in the end.

(*Dr. Philip.*) You have already passed it.

(*Dr. Bardswell.*) Not in the Interim Report.

(*Dr. Philip.*) It was in the First Report, paragraph 68.

(*Mr. Davies.*) As time is going on, I propose that we accept the first paragraph.

(*Chairman.*) Mr. Davies suggests that we accept the first sentence.

(*Mr. Davies.*) Yes, without the words "farm colonies."

(*Chairman.*) "There would also seem to be need for some machinery whereby suitable employment might be found for selected cases after discharge from treatment in whose case an immediate return to their previous occupation would imply risk of relapse and corresponding economic waste, and the Committee hope to refer to the matter further in the Final Report."

(*Dr. Bardswell.*) Yes, I beg to second that; I think that covers the ground.

(*Chairman.*) Those in favour?

AGREED.

(*Dr. McVail.*) That should appear as a paragraph, Sir. It is important it should not simply be tacked on to the sanatoria, but it should be a new paragraph.

(*Dr. Niven.*) It should come under a separate heading, "After care."

(*Dr. McVail.*) Dr. Philip was bringing it in on No. 19 after the word "sanatorium." I quite agree, but it should be a paragraph by itself after "sanatorium." Though it is not long it is important.

(*Mr. Stafford.*) How would it be to say, "the Committee hope to deal with this and farm colonies and other things in the Final Report."

(*Dr. Niven.*) No.

(*Mr. Stafford.*) When you agree to a thing.

(*Dr. Philip.*) We are revising at every turn decisions we came to. That was one of the first headings we had for discussion. I proposed to speak on it from time to time. I have been told it is deferred; than we finally accepted a paragraph here which I have in my hand, and now I am told it is to be deferred again.

(*Dr. Addison.*) I think that Mr. Stafford's suggestion is a very fair one, that we add this paragraph in, and there is no particular reason why we should not here and now say, we propose to discuss this question, including farm colonies and anything else that may be suitable, in our Final Report. We do not commit ourselves to anything by saying we are to discuss it.

(*Dr. McVail.*) Put that in as an additional sentence.

(*Dr. Addison.*) Yes, I think it meets the case.

(*Dr. Niven.*) And other forms of "after-care."

(*Dr. Addison.*) And other forms of "after-care."

(*Chairman.*) Such as farm colonies and other forms of "after-care treatment." Well now, "there would also seem to be need of some machinery whereby suitable employment such as farm colonies and other forms of "after-care."

(*Dr. Leslie Mackenzie.*) Might I suggest "health colonies," Mr. Chairman?

(*Dr. Philip.*) The term is known all over the world, why change it?

(*Dr. Leslie Mackenzie.*) In addition to —

(*Dr. Niven.*) I move all reference to farm colonies should be left out.

(*Mr. Davies.*) I second that.

(*Dr. Newsholme.*) I support that.

(*Dr. Addison.*) With your permission, I will read this: "There would seem also to be need of some machinery whereby suitable employment might be found for selected cases after discharge from sanatoria in whose case an immediate return to their previous occupation will imply risk of relapse and a corresponding economic waste. The Committee hope to refer to this matter of farm colonies and after-care schemes."

(*Dr. Newsholme.*) I propose the adoption of that with the omission of the words that "Farm colonies and other schemes."

(*Dr. Niven.*) I second that.

(*Dr. Bardswell.*) Only patients from sanatoria could go to these places; would you limit it to them?

(*Dr. Addison.*) No, I did not say that.

(*Chairman.*) You mean after discharge from sanatoria?

(*Dr. Paterson.*) After discharge from treatment.

(*Dr. McVail.*) They would still be treated in a farm colony; that would be a bit of treatment.

(*Dr. Niven.*) There is no necessity to refer to farm colonies.

(*Dr. McVail.*) After discharge from institutions.

(*Chairman.*) Now, gentlemen, those in favour of inserting the words, "farm colonies," kindly hold up their hands.

On the show of hands,

The CHAIRMAN counted:

For including the words, 6;

Against, 8;

Majority against, 2.

(*Chairman.*) Then it would read: "There would also seem to be need for some machinery whereby suitable employment might be found for selected cases after discharge from treatment in whose case an immediate return to their previous occupation would imply risk of relapse and corresponding economic waste. The Committee hope to refer to the various schemes of after treatment in their Final Report."

(*Dr. Newsholme.*) It was not that way.

(*Chairman.*) Refer to this matter in the Final Report.

(*Dr. Addison.*) All right.

(*Mr. Willis.*) Are you gaining anything by keeping the previous paragraph in at all now, Mr. Chairman? I move that we do not insert it at all. If we wish to say anything in the Final Report about it, of course we are perfectly free to do so. We are constantly saying so and so will be dealt with in the Final Report.

(*Dr. Philip.*) There is a very important principle involved here; the subject was threshed out under one of our first headings, and when I got up to speak about it I was told I would have an opportunity again. Farm Colonies was down for a heading; it was accepted by a Committee. Now you are to go back from your previous decision on both these points, and not even to hint that you are to discuss the matter; I do not think it is fair play.

(*Dr. Addison.*) Farm colonies do exist, and they are extensively used in some parts of the country, and we shall be expected to say whether we believe in them or not; personally I know nothing about them one way or the other; there is no need pretending to say we are not to discuss them, because I think we ought to discuss them.

(*Chairman.*) I do not see how anybody could object to its going in like this—there will be many people who will be ready to criticise us when this Report comes out—to show this has been present in our minds.

(*Dr. Niven.*) Why not put it as a separate heading "After care"? "This subject will be dealt with in the Appendix."

(*Chairman.*) Those in favour of it going in as read out kindly hold up their hands.

On a show of hands,

THE CHAIRMAN.—This is agreed to.

(*Chairman.*) On 25, page 14, is there anything on page 14? I have one or two alterations on page 15 to put before you; I do not know whether there is anything on 14, first of all.

(*Dr. Newsholme.*) Page 14; may I suggest at this stage an alteration in the first paragraph? I suggest this should read as follows: "The Committee is of opinion that it is of primary importance to the lasting success of any scheme for dealing with tuberculosis," then leave out "enlist the hearty co-operation and stimulate the interest of the general practitioners of the country" and insert, "enlist his hearty co-operation in carrying out"—then continue—"a large share of its work both under the Insurance Act and apart from this Act the best prospect of ensuring the early submission of suspected cases after diagnoses by the Tuberculosis Officer will be secured by referring the patients to practitioners for

"medical treatment under suitable financial arrangements." I think it is very important in a very fair ground to set out the relations of the medical practitioner to the tuberculosis treatment as prominently as possible.

(*Dr. Addison.*) That is practically a repetition of what we say in the following paragraph; it is practically the same thing; we set it out in detail.

(*Dr. Newsholme.*) I think probably it is; I think it is; I am sorry.

(*Chairman.*) Dr. Newsholme waives that.

(*Dr. Newsholme.*) Yes.

(*Chairman.*) On page 15 I have two alterations to suggest; one is, that on subsection (1) the last sentence should come out, and the following sentence should come in, "He should be of suitable age and attainment and enough of an expert on the subject of Tuberculosis to command general confidence."

(*Mr. Willis.*) I agree.

(*Dr. Addison.*) You will take it out of the previous line, I suppose?

(*Chairman.*) Subsection (3) "Should be placed on the list of"; I should propose it should read as follows: "All patients living at home who are treated at or under the supervision of the Dispensary except where it is otherwise agreed should be placed, where they are willing, under the care of some general practitioner, &c." I think it sounds better "under the care" than "on the list of."

(*Dr. Philip.*) Does not that refer to insured persons only?

(*Mr. Willis.*) I was to say it can only refer to insured persons. I sent in a suggestion; I sent in a sentence in the case of insured persons or their dependents. We cannot suggest that people who are not insured or their dependents can be paid for out of the Sanatorium Maintenance Funds.

(*Dr. Philip.*) Nor is it possible for you to send half the patients who come to the Dispensary to the general practitioner, who will not get a fee.

(*Chairman.*) There was another amendment which I have not read out, "and where they are insured persons should be paid out of the Sanatorium Benefit Fund."

(*Dr. Philip.*) That means the same point.

(*Dr. Smith Whitaker.*) I am not sure that it is safe to say—I appreciate the difficulty of saying that people who are not insured can be put under the care of a general practitioner, yet I am afraid of confining this to insured persons, to suggest that they cannot. If we could only have found a form of words that would not have implied the one or the other it would have been better. With all deference to Dr. Newsholme and Mr. Willis, it is quite conceivable that arrangements may be come to by which people, other than insured persons, who are being provided with treatment for tuberculosis, may be most economically treated by being put under the charge of the general practitioner, subject to supervision by the Tuberculosis Officer. We do not want to close the door to them.

(*Mr. Willis.*) That was not my point at all. My point was that the paragraph said all these cases must be put under the care of some general practitioner, and be paid out of the Sanatorium Benefit Fund.

(*Chairman.*) May I read it as it is now? "All patients living at home who are treated at or under the supervision of the Dispensary, except where it is otherwise agreed, should be placed, where they are willing, under the care of some general practitioner, who will carry out the necessary home treatment in consultation with the Chief Tuberculosis Officer of the Dispensary, and where they are insured persons be paid out of the Sanatorium Benefit Fund."

(*Mr. Willis.*) That will do. I do rather feel that if the local authority is running the Dispensary they may not be willing, in the case of all poor persons, who are not insured, to send them to a general practitioner.

(*Dr. Smith Whitaker.*) I do not want to close the door either way; I do not want to suggest that they will, and you do not want to suggest that they will not.

(*Dr. Niven.*) It does not depend on the will of the patients whether they are to be put under the general practitioner. You cannot say, "where they are willing."

(*Dr. Addison.*) Suppose you alter the word "agreed" to "arrange."

(*Mr. Willis.*) Who would it be "agreed" or "arranged" by?

(*Dr. Addison.*) It would be "arranged" by the authority who was responsible for their treatment.

(*Mr. Willis.*) Supposing the authority is treating a person at the Dispensary, the man at the Dispensary says what I mean is that my health visitors shall see that case from time to time, whenever he wants to see a medical man he comes to see me. We are suggesting that cannot be done.

(*Dr. Mearns Fraser.*) If all the patients are going to be referred to the general practitioner, what patients are the Dispensary doctor to treat?

(*Mr. Willis.*) He is only to be a consultant.

(*Dr. Mearns Fraser.*) You are arranging for a senior and an assistant, and you are to put all the patients under the general practitioner at home.

(*Mr. Davies.*) I propose to omit the third one. I think it is entirely unnecessary. I think you are bringing in complications into the Report which can be dealt with by arrangement in each locality, and I fail to see why the general practitioner should be called in to treat these people in their own homes, unless it is a matter of arrangement in the particular locality. It is not suggested here, I have not heard it suggested that the general practitioner is the proper person to administer tuberculin, for example, and if he is to have the treatment of the patient in his own home, he will be called upon to administer tuberculin, and I do not think that this section will work. I would, therefore, move that we should omit it altogether from the Report.

(*Dr. Smith Whitaker.*) May I suggest—I am afraid Mr. Davies was not present when this was discussed before, and I think the arguments that were used before were, shortly, something like this. First of all you have got to secure the co-operation of the general practitioner from the point of view of diagnosis. Unless you enlist his goodwill in the matter, your scheme is going to be very seriously prejudiced. I am sure Dr. Newsholme will support me in that. He has emphasized the point very strongly. I doubt whether you are going to have the co-operation of the general practitioner, in fact you run the risk of having him seriously against you if every case of general treatment is to be taken out of his hands. With regard to the popularity of this scheme with the public, Mr. Davies, perhaps, does not understand how many private practitioners have the confidence of their own patients. It would be more popular for the patients to be treated by their own doctor, under the supervision of the Tuberculosis Officer, than to be taken away from their own doctor altogether and to be treated entirely by the Tuberculosis Officer. Then on the ground of economy, it is quite conceivable that you will often find it better to arrange for the general practitioner to look after those cases at home, attending them once a week and reporting to the Tuberculosis Officer, than that your expert staff ought to be required to go and visit them at their own homes, or even to have a great many of them to see at the Dispensary. In other words, do not use the highly paid time of your expert staff for doing work with the most highly paid labour which the general practitioner can do equally well; keep your expert staff for expert work and use your general practitioner for ordinary work.

Then interlacing them in the treatment means that you improve them for the work of general practitioner and raise their general efficiency, which, again, is a public service. Then, as to the reason for putting a paragraph in here, I suggest the reason is this, you are giving general suggestions to the local authorities as to how they should go about doing this. Mr. Davies says they may or may not want to do this. I am quite in favour of making this sentence as elastic as possible. I should be sorry to see the Report deprived of any suggestion whatever on these lines. It seems to me that, as a Committee, we should make some suggestion of the kind, though I admit the difficulties of the paragraph as it stands. I should be sorry to see them struck for these reasons.

(*Dr. Niven.*) It seems to me the greatest complication is introduced by not making it quite clear that this applies to insured persons and their dependents. If that were inserted, there would be no objection to it in places where they are willing in the case of the insured persons and their dependents.

(*Dr. Smith Whitaker.*) Would you mind, if we say you do not exclude the possibility of it being applied to other people?

(*Dr. Means Fraser.*) Certain persons may be placed on the list of some general practitioner.

(*Dr. Smith Whitaker.*) More advantageously be placed.

(*Dr. Niven.*) Oh, no; it is a clear recommendation in the case of the insured persons and their dependents, with which I quite agree. I do not think we are in a position to send other cases to general practitioners.

(*Dr. Smith Whitaker.*) Would Dr. Niven agree to my form in the case, at all events, of insured persons and their dependents, so as to show we do not close the door to this being applied to other people? That does not commit you.

(*Dr. Niven.*) Yes.

(*Dr. Bardswell.*) How do you propose to treat the patient with acute tuberculosis four miles away from the Dispensary?

(*Mr. Davies.*) It does not prevent it being done; we do not put it in here.

(*Dr. Addison.*) Of course, it would be absolutely impossible in a country district on any other lines. You have your Tuberculosis Officer running up and down the country, he must have the general practitioner with him; he could not do his work chivving all over the country to see how they are going on.

(*Dr. Paterson.*) Does not every insured person have a general practitioner everywhere?

(*Dr. Addison.*) Not necessarily.

(*Dr. Paterson.*) Not for preliminary Tuberculosis, but for other ailments.

(*Chairman.*) May I read it as it is: "In the case, at all events, of insured persons, patients living at home who are treated at or under the supervision of the Dispensary, should generally be placed, where they are willing, under the care of some general practitioner, who will carry out the necessary home treatment, in consultation with the Chief Tuberculosis Officer of the Dispensary, and who will, where the patients are insured persons, be paid out of the funds available for sanatorium benefit."

(*Dr. Bardswell.*) Suppose they are not willing. What happens when they are not willing?

(*Chairman.*) Then they are not placed under his care.

(*Dr. Bardswell.*) And who attends to them at a distance in the case of emergency?

(*Dr. McVail.*) You do not bring out the payment out of the Sanatorium Fund, but then that, at all events, interferes with the application of that last clause.

(*Dr. Newsholme.*) That must go out.

(*Dr. Smith Whitaker.*) I would suggest "paid out of the Sanatorium Benefit Fund" is unnecessary. They are only a corollary; these words only complicate the clause.

(*Dr. Addison.*) You have had qualifying words at the beginning, and I would say that "in the case of insured persons and their dependents."

(*Dr. McVail.*) I think it is important to keep it in.

(*Dr. Bardswell.*) I think it is essential.

(*Dr. Mearns Fraser.*) A large number of persons in the early stages of phthisis go to the Dispensary; they will not need other treatment than the expert treatment given to them by the Tuberculosis Officer.

(*Chairman.*) They are met, except where it is otherwise agreed, or where they are unwilling.

(*Dr. Mearns Fraser.*) This clause infers that they are very few in number; they are very large in number, and you are practically removing all your patients, except these few, away from the treatment of the Tuberculosis Officer, and putting them under the general practitioner.

(*Chairman.*) You are putting up something which does not exist, if you read the paragraph; "some general practitioner, who will carry on the neces-

"sary home treatment." If the expert says no home treatment is necessary, you will not require it.

(*Dr. Bardswell.*) The whole thing has been worked out *in extenso* on these very lines. They found it impossible for the Tuberculosis Officer to attend all these people at a distance. They arranged with the general practitioner to undertake the treatment, and the expert merely to direct the treatment.

(*Dr. McVail.*) Bear in mind a Report which we have somewhere from the British Medical Association, where they suggest that treatment should be primarily in charge of the private medical attendant, and we must not get into loggerheads with the medical profession as a whole unnecessarily if any form of words would keep them sweet. I have just been attempting to draft something myself. "All insured persons living at home, and their dependants, if so arranged, shall, where treated under the supervision of the Dispensary, except where it is otherwise agreed, should be treated by their own ordinary medical attendant, who would have the benefit of consultation with the Chief Tuberculosis Officer, and who would be paid out of the Sanatorium Benefit Fund."

(*Chairman.*) I think that the same point is met with in those admissions, with less alteration for the printers. "In the case, at all events, of insured persons, patients living at home who are treated at or under the supervision of the Dispensary should generally be placed, where they are willing, under the care of some general practitioner, who will carry out the necessary home treatment in consultation with the Chief Tuberculous Officer of the Dispensary, and who will, where the patients are insured persons, be paid out of the funds available for sanatorium benefit."

(*Dr. McVail.*) Instead of "some general medical practitioner," say, "their ordinary medical attendant."

(*Dr. Mearns Fraser.*) Their medical attendant may not be on the panel.

(*Chairman.*) This is wider as it is.

(*Dr. McVail.*) I am thinking of the feelings of the doctors.

(*Mr. Willis.*) Might I suggest instead of, "except where it is otherwise agreed," you should say, "should generally be placed," because there are not any definite people who are going to make agreements in the matter. You only want to say "should generally" and leave out "except where it is otherwise agreed."

(*Dr. Smith Whitaker.*) There is a technical point at the end; I think the use of the words "Sanatorium Benefit Fund" is not quite correct; I will raise that later.

(*Chairman.*) Leave out "fund."

(*Dr. Smith Whitaker.*) Well, I think you should leave out "fund" or "the funds from which Sanatorium Benefit is payable."

(*Dr. Paterson.*) How much would you propose to pay out of the Sanatorium Benefit Fund for this purpose? It seems to me there will not be much left to pay this 300*l.* or 500*l.*, if these men get a reasonable sum and they want the 1*l.* a year.

(*Dr. Addison.*) If you look at that thing you will see that if you paid 500*l.* for all the Tuberculosis Officers, and pay the 25*s.* a week, a fair estimate for those requiring Sanatorium treatment, you would still have left 1*l.* per head of all the tuberculous persons.

(*Dr. Paterson.*) There is enough money to do each.

(*Dr. Addison.*) Yes.

(*Dr. Niven.*) There is supposed to be.

(*Dr. Addison.*) I am assuming there are 180,000 tuberculous persons.

(*Chairman.*) Do I understand the Committee is agreed on the suggestion as it now stands?

AGREED.

(*Chairman.*) I am very anxious to get Dr. Philip's point, "After-care under the Dispensary," you see page 11, "After-care" you say what it is and show its importance, and then it would read, a new paragraph, "There would seem to be need for some machinery whereby suitable employment might be found for selected cases after discharge from treatment, in whose case an immediate return to their previous occupation would imply risk of relapse, and corresponding economic waste, The Committee hope to

"refer to this matter in the Final Report." Is that agreed?

AGREED.

(*Mr. Willis.*) Have we finished with 25?

(*Chairman.*) Well, is there any other point?

(*Mr. Willis.*) On 4; the last subsection, "The responsibility for any final recommendation should always rest on the special medical officer." Is that so where there is expert advice taken in regard to surgical treatment, for instance? I mean the expert may be a man of very much higher standing than the Tuberculosis Medical Officer, in a surgical case, for example, or a temporary case. Why do you want to say "the responsibility for any final recommendation should always rest"? I should omit these words; they are unnecessary.

(*Dr. Jane Walker.*) Yes, it means only as to calling in; at least that is as I read it.

(*Mr. Willis.*) Stop at the word "arise." "Arrangements may be made for the provision of expert advice in surgical, dental, and other cases, where difficulties may arise," but leave out the rest.

(*Chairman.*) "Arrangements should be made for the provision of expert advice in surgical, dental, and other cases, where difficulties may arise."

(*Dr. Paterson.*) How is (3) definitely left?

(*Chairman.*) (3) is, "In the case, at all events, of insured persons, patients living at home who are treated at or under the supervision of the dispensary should generally be placed, where they are willing, under the care of some general practitioner who will carry out the necessary home treatment in consultation with the Chief Tuberculosis Officer of the Dispensary, and who will, where the patients are insured persons, be paid out of the funds available out of which Sanatorium benefit is payable." Is that agreed?

(*Mr. Davies.*) I cannot agree to this; I protest as strongly as I can against it.

(*Dr. Niven.*) Do I understand "In the case at all events of insured persons and their dependents, they should be placed under the care of some general practitioner, or in the case of insured persons they should be placed under"; you must repeat "insured persons," you cannot leave it like that. We cannot make a recommendation of that kind that everybody is to be referred to a general practitioner. We cannot do that. We could not possibly make such a recommendation as that.

(*Chairman.*) Dr. Niven, as a matter of fact, as it is now worded, this only applies to insured persons, "In the case, at all events, of insured persons, patients living at home who are treated at or under the supervision of the dispensary should generally be placed, where they are willing, under the care of some general practitioner." It does not apply.

(*Dr. Niven.*) I beg your pardon; I did not catch these words at the beginning, "In the case, at all events, of insured persons."

(*Chairman.*) That meets your objection?

(*Dr. Niven.*) Oh, quite.

(*Chairman.*) Is that agreed to, then?

AGREED.

(*Chairman.*) Children, 26. There is an objection by Dr. Latham to 26 (a). He wants to omit the last few words and he would have it read, "Childhood affords an excellent opportunity for detecting and dealing with tuberculosis," because this rather implies that children contract tuberculosis, that it lies latent in their system, and develops when they are adults, which, I believe, is a debateable point.

(*Dr. Bardswell.*) Personally, I agree with Dr. Latham about that; I would delete these last words.

(*Chairman.*) Is that agreed?

AGREED.

(*Dr. Newsholme.*) Although that seems quite right, I do not think that childhood affords any more excellent opportunity than adult life.

(*Chairman.*) No, we have not put that in now; we have simply said it affords an excellent opportunity.

(*Dr. Addison.*) You can send a child away as long as you like; there is no loss of income to the family.

(*Dr. Newsholme.*) With that explanation, it is understandable, but, as it is now put, it does not seem to me to carry that. Whenever tuberculosis begins it should be treated promptly; whenever it begins; I do not press that point.

(*Chairman.*) Are there any other points on 26?

(*Dr. Niven.*) Well, I do not like the paragraph at all. It does not appear to deal suitably with the factors which are concerned in the production of tuberculosis in childhood.

(*Chairman.*) Such as what?

(*Dr. Niven.*) Such as the effect of parental tuberculosis, and such as the effect of tuberculous milk for children.

(*Chairman.*) But we have dealt with that earlier in the Report; it would merely be repetition.

(*Dr. Niven.*) Those are the reasons why you should undertake the systematic treatment of tuberculous children, more particularly the effect of milk in producing surgical forms of tuberculosis. I am only just pointing out a defect in the paragraph, which does not seem to deal properly with the subject as a preamble. I do not in the least object to what follows; it is only the preamble that I do not like.

(*Dr. McVail.*) I must say the same point occurred to me, and it seemed to me that that particular paragraph 26 was capable of being quoted by the general public in a way that would be most misleading. There are two elements in tuberculosis, whether in children or in adults. The question of the relative resisting power, and the question of dosage, and here you have the whole thing set out as though increasing resistance were the whole problem. It is nothing of the kind. If you take away a child from a school or sanatorium, or whatever it is while you neglect to attend to the mother with tuberculosis, and send that child home, you are obviously undoing the good you have done. The question of infection in the sources from which the child has got this tuberculosis should be considered as well as the resisting power.

(*Dr. Niven.*) Which gives you an opportunity of going into the whole question of the prevention of tuberculosis arising from tuberculous milk, but I do not think the reasons given are adequate. One of the chief reasons why you should deal with tuberculosis in childhood surely is the great power of recovery the children show. If you are to give a preamble like this, you should make it complete.

(*Chairman.*) I am told, Dr. Niven, merely as a layman, it takes longer to cure a child.

(*Dr. Jane Walker.*) It does, much.

(*Chairman.*) So it does not recover more rapidly. I must say, unless there is a very serious objection, I should prefer not to touch these paragraphs more than is essential. Sir George Newman drew them up with very great care; he is not here to explain them. Unless they are inaccurate I would suggest that they should be amended as little as possible.

(*Dr. Newsholme.*) I quite feel the force of that point; I am extremely sorry that Sir George Newman is not here. If he were here, he would see the force of what I am now stating; he would not make a one-sided and partial statement which is capable of being grievously disputed. I am sure that he would make it clear, that at the same time you were increasing the resisting power of the child, you must also be getting rid of the source from which the child got his tuberculosis.

(*Dr. Addison.*) It might be well to squeeze into that something conveying the impression that Dr. Newsholme says, but certainly it is my point that we shall say something in the way of tuberculous milk. It would leave the way open to put something in. Something about the source of infection, that it is very important that adequate measures be taken to control the sources of infection in children which would deal with milk.

(*Dr. Newsholme.*) May I suggest this, "the factors which do not weaken the defensive powers of children are precisely the same as those which have an effect on the adult. The factors which tend to weaken the defensive powers of children can be brought under control easily and at an early stage." Infection does not weaken their defensive powers, does it?

(*Dr. Leslie Mackenzie.*) Oh, yes.

(*Dr. Newsholme.*) If, after "a" and "b," we added "It is assumed that while the defensive powers of the

' child are being improved the sources of infection in " the child's household are being investigated and " controlled," otherwise you are separating the Tuberculosis in the child from Tuberculosis in the adult, as though they were two separate and distinct problems. They are nothing of the kind. You cannot control Tuberculosis in the child unless you control the milk supply. You cannot distinguish Tuberculosis in the adults; the two are inseparable.

(*Dr. Paterson.*) I agree with Dr Newsholme that it is no good taking the child from the Sanatorium and sending it home unless you put those conditions which create Tuberculosis right. I take it that was to be part of the functions of the Dispensary to see they are put right. Would not the paragraph read better if we left out the first two lines and began like this: " Childhood affords an excellent opportunity for " detecting and dealing with Tuberculosis; the more " the resistant power of children is increased the " lighter will be the burden of tuberculosis disease in " the adults of the next generation " ?

(*Dr. Newsholme.*) " Assuming that the sources of infection " —

(*Dr. Paterson.*) " Assuming that the sources of infection." I think it is the beginning, the preamble which weakens the whole thing.

(*Dr. Niven.*) It is very inadequate.

(*Dr. Paterson.*) It makes it so very feeble.

(*Dr. Jane Walker.*) " The factors which cause the " disease and which tend to weaken the defensive " powers " ; would that meet your point ?

(*Dr. Paterson.*) " The factors which cause infection," and then to so and so.

(*Dr. Jane Walker.*) Leave the preamble out; it makes a much better thing of it.

(*Dr. Addison.*) If you put it in there you say those which cause infection are substantially the same in an adult. Infection is a very rare thing in an adult, a very common thing in a child; it would not be fair to put it in that paragraph; put them separate after (B).

(*Dr. Smith Whitaker.*) Dr. Jane Walker suggests that we strike out the two introductory lines (A) and (B), make that read, " Childhood affords an excellent " opportunity for detecting and dealing with Tuberculosis and the more the resistant power of children " is increased " ; then go on, it does not prejudice what you want to put in afterwards.

(*Dr. Newsholme.*) " The sources of infection."

(*Dr. Leslie Mackenzie.*) Make " The sources of infection " a separate sentence.

(*Dr. Newsholme.*) Yes.

(*Dr. Niven.*) I think you might stop there; it certainly would strengthen it and not weaken it to stop at that point.

(*Dr. Addison.*) How would it read to put in after the " next generation," " the more the resistant power " of children is increased the lighter will be the " burden of tuberculous disease in the adults of the " next generation." Then say, " At the same time, " it is of the first importance, that adequate measures " be taken to limit infection."

(*Dr. Newsholme.*) It is assumed.

(*Dr. Addison.*) Well, I only just tried to make it read on, " And at the same time it is of the first " importance that adequate measures be taken to limit " infection."

(*Chairman.*) Then would you go on: " The factors which tend to weaken," &c., let that stand down to " adult," and then take out " pre-disposition " down to " control." The section would then read as follows: " Childhood affords an excellent opportunity for " detecting and dealing with tuberculosis. The more " the resistant power of children is increased the " lighter will be the burden of tuberculous disease in " the adults of the next generation. At the same " time, it is of the first importance that adequate " measures should be taken to limit infection. The " factors which tend to weaken the defensive powers " of children are substantially the same as those which " have a similar effect on the adult. Among these " factors the Committee desire to lay stress on the " deleterious effects of malnutrition on children."

(*Dr. Niven.*) I really do not like this, only that one does not like statements to go forth which are weak in themselves. " The factors which tend to weaken the

"defensive powers of children are substantially the same as those which have a similar effect on the adult." Surely they are not "The factors which tend to weaken the defensive powers of childhood," and one of them at least; tuberculous milk has very little effect on the adult; another is the prevalence of infectious disease which leaves the child eminently receptive to infection. I do not think it is true to say that the factors are substantially the same as those which have a similar effect on the adult.

(*Dr. Addison.*) I agree with that.

(*Dr. Niven.*) It is weak to put forth a sentence like that; you may not put a very great stress on them, but other people read them.

(*Dr. Addison.*) "Factors which tend to weaken the defensive powers of children can be brought more easily under control."

(*Dr. McVail.*) Milk is not a factor weakening the defensive powers of the child; it is a means of conveying infection.

(*Dr. Niven.*) The consumption of milk tends to diminish the defensive powers if the milk is infected—as it very often is. They are not substantially the same. I think if you would take the suggestion; go on from "children could be more easily brought under control."

(*Dr. Bardswell.*) Yes, I agree.

(*Dr. Paterson.*) I agree.

(*Chairman.*) I would ask Mr. Clarke to read a letter which he has received from Sir George Newman.

(*The Secretary.*) I wrote to Sir George Newman when I received the criticisms from Dr. Jane Walker and from Dr. Niven; those were the first two in order that I received. I wrote to Sir George Newman; it is *apropos* of these criticisms that this letter is written. He says: "Dear Mr. Clarke.—Your letter of the 18th instant just to hand. I do not agree either with Dr. Niven or Miss Walker; of course we should take 1,000 beds rather than 250, but 250 is in proportion to 2,000 for surgical. As for Dr. Niven, if we are to 'suggest outlying factors concerned in production of tuberculosis in childhood' we must do the same for adults, which will make the Interim a Final Report. I should, therefore, *resist* both criticisms. I assume I am to get an official 'proof.' I think it only fair, as Sir George Newman is not here, to put these statements before the Committee."

(*Dr. Addison.*) I would like that we word it like this: "Childhood affords an excellent opportunity for detecting and dealing with tuberculosis. The more the resistant power of children is increased the lighter will be the burden of tuberculous disease in the adults of the next generation. At the same time it is of the first importance that adequate measures should be taken to limit the infection. The factors which tend to weaken the defensive powers of children can be easily, and at an early stage, brought under control. Among these factors the Committee desire to lay stress on the deleterious effects of malnutrition."

(*Several Hon. Members.*) Agreed.

(*Dr. Niven.*) Yes; I have no objection, although I do not see the use of the last sentence.

(*Chairman.*) Is 26 now agreed to?—

AGREED.

(*Mr. Willis.*) On 27; may I ask how these figures are arrived at, Mr. Chairman?

(*Chairman.*) Sir George Newman.

(*Dr. Philip.*) The figures seem to me very difficult, sir, and dubious.

(*Dr. Leslie Mackenzie.*) This is also for England, of course; there are no Scotch figures.

(*Dr. Addison.*) He has many of the figures which local authorities get placed at their disposal in various parts of the country, and I think he probably has a better means of arriving at a fair figure than anybody else; he has made very exhaustive inquiries.

(*Dr. Willis.*) He starts with saying, "There is accommodation in voluntary institutions already existing for not less than 350 cases of pulmonary tuberculosis." It makes no reference to the provision of other institutions. The Metropolitan Asylums Board for children have at least 1,000 to start with.

(*Dr. Addison.*) They are not pulmonary tuberculosis.

(*Mr. Willis.*) Many of them are for pulmonary tuberculosis; well, tuberculosis.

(*Chairman.*) Does the Committee object to the figures?

(*Mr. Willis.*) What I feel, Mr. Chairman, is that at present we have no grounds for accepting them; that is all.

(*Dr. Newsholme.*) This morning I gave the figures—about 4,000 beds available in England and Wales approximately—in private institutions and paying patients. Those, I think, cannot be reckoned as part of the available accommodation, and will very often not. How far these 350 beds here are similarly paying beds, or are really available for children or adults, we cannot say.

(*Chairman.*) It is possible to make the paragraph run as follows: "There is a certain amount of accommodation in voluntary institutions already existing for cases of pulmonary tuberculosis in children and also a larger number of beds for non-pulmonary tuberculosis. There are, in addition, some places in open-air schools for tuberculous children and some in general open-air schools; in addition there is a certain amount of miscellaneous provision in general and special hospitals." That brings in all the facts that there are any figures for.

(*Dr. Newsholme.*) We might accept absolutely open-air schools, because that is an official matter that Sir George Newman must have first-hand information about.

(*Chairman.*) Then, you accept 180 places in open-air schools and 750 places in general open-air schools.

(*Mr. Willis.*) I suppose those are official figures?

(*Dr. Mearns Fraser.*) Are there only 180 places in open-air schools? I should have thought it was much more.

(*Dr. Leslie Mackenzie.*) That is for tuberculous children?

(*Chairman.*) Is this in England?

(*Dr. Addison.*) In England.

(*Dr. Maguire.*) This is really a repetition of the memorandum from Sir George Newman: it is really a repetition of his memorandum, these figures, and he gives data here how he arrives at them.

(*Dr. Leslie Mackenzie.*) It should be clear, Mr. Chairman, that he refers entirely to England and Wales.

(*Chairman.*) Now, it runs as follows: "There is a certain amount of accommodation in voluntary institutions already existing for cases of pulmonary tuberculosis in children and also a larger number of beds for non-pulmonary tuberculosis. There are in England in addition about 180 places in open-air schools for tuberculous children and 750 places in general open-air schools. In addition there is a certain amount of miscellaneous provision," &c.

(*Dr. Leslie Mackenzie.*) Does not "England and Wales" cover the whole paragraph as well as the schools?

(*Dr. Paterson.*) What is the difference between "open-air schools" and "general open-air schools"?

(*Dr. Niven.*) Is the Metropolitan Asylums Board a voluntary institution?

(*Mr. Willis.*) No, we must say "voluntary and other institutions."

(*Dr. Niven.*) Because it does not say "voluntary and other institutions"; it says "voluntary institutions." Why not give these figures referring to the authority?

(*Chairman.*) Does the Committee approve of the paragraph as it now runs? "There is a certain amount of accommodation in voluntary institutions already existing for cases of pulmonary tuberculosis in children and also a large number of beds for non-pulmonary tuberculosis. There are in England in addition about 180 places in open-air schools for tuberculous children and 750 places in general open-air schools. In addition there is a certain amount of miscellaneous provision."

(*Dr. Jane Walker.*) Yes.

AGREED.

(*Chairman.*) Now, is there anything on the next?

(*Dr. Philip.*) Paragraph (a). Sir, the words "for a few weeks" would be inadvisable.

(*Dr. Jane Walker.*) The words "for a few weeks" must come out.

(*Mr. Willis.*) How do you get that figure Mr. Chairman? "250 additional beds for this class of case would be sufficient at the outside"; how is it arrived at?

(*Dr. Addison.*) He has taken there the number of children certified in the School Medical Officer's Report as having pulmonary tuberculosis.

(*Mr. Willis.*) How many weeks has he allowed?

(*Dr. Addison.*) I think he has allowed about three or four months apiece. It is done on the same basis as for the other beds. It is a relatively small number of children.

(*Dr. Newsholme.*) It is three months in every year?

(*Dr. Addison.*) I could not tell you that.

(*Dr. Newsholme.*) Is it three months; three months in every year is a very disproportionate allowance to what is thought of in the case of adults.

(*Dr. Addison.*) He thinks he can get his tuberculous children if he can get them at an early stage.

(*Dr. Newsholme.*) The importance of this is that a very exact and important financial statement is made later on the basis of this, and the question is whether we can in this Interim Report commit ourselves to that exact financial statement.

(*Chairman.*) As a matter of fact, it is not. We put merely that a definite sum, without naming a figure. I have done that with Sir George Newman's approval.

(*Dr. Newsholme.*) Then, I have nothing more to say.

(*Chairman.*) Does "for a few weeks" stay in or come out?

(*Dr. Jane Walker.*) It is open to anybody to send them for a week.

(*Dr. Paterson.*) Or a year.

(*Chairman.*) Otherwise the paragraph is agreed to.

(*Dr. Niven.*) "There is some ground for believing," "It would seem that," "There is some ground for assuming."

(*Chairman.*) It is only different phraseology.

(*Dr. Niven.*) No, quite.

(*Dr. Mearns Fraser.*) Does it not suggest that children shall be treated in different institutions from adults?

(*Chairman.*) We have done that elsewhere.

(*Dr. Mearns Fraser.*) If you are only to have 250 beds for children, you want——

(*Chairman.*) We dealt with that provision; we are merely dealing with the numbers. Is there anything else?

(*Mr. Willis.*) I suppose the 2,000 under (B) is also based on Sir George Newman's estimate?

(*Dr. Niven.*) We do not propose to provide more than 250 additional beds at the outside without committing ourselves.

(*Dr. Addison.*) You might say, "should be provided."

(*Dr. Leslie Mackenzie.*) Are we keeping in the term "250 additional beds for this class"?

(*Chairman.*) I understand so.

(*Mr. Willis.*) Did Sir George Newman make his estimate for the United Kingdom or England and Wales?

(*Dr. Newsholme.*) It must be England and Wales, I think.

(*Mr. Willis.*) It is not stated here.

(*Mr. Stafford.*) It should not be "Ireland and Scotland."

(*Dr. Addison.*) I should say, "The Committee is advised that 250 additional beds."

(*Mr. Willis.*) For England and Wales?

(*Dr. Addison.*) For England and Wales.

(*Chairman.*) Then, we save ourselves.

(*Dr. Niven.*) Yes, that meets the thing absolutely.

(*Dr. Leslie Mackenzie.*) Really I do not know how we should put in, on the evidence before us, "250 additional beds." There are 800,000 school children in Scotland, for example, taking one per cent. as suffering from a form of tuberculosis, needing treatment; that would be 10 for every 1000. It would hardly stand for Scotland alone, not to speak for the whole country. I should say if all the children's beds were filled with tuberculous disease in Scotland they would certainly exceed 250; indeed, I am not sure that Edinburgh alone——

(*Dr. Addison.*) But a relatively small number of the children would need sanatorium beds.

(*Dr. Leslie Mackenzie.*) We do not know.

(*Chairman.*) May I suggest, "The Committee is advised that some 250 additional beds for this class of case should be built at the outset."

(*Dr. Niven.*) "Should be sufficient."

(*Chairman.*) If you are to say "sufficient," that meets your point?

(*Dr. Jane Walker.*) I have talked this over with people who are dealing with tuberculosis in children, and they say this is totally inadequate.

(*Chairman.*) Well, "it is suggested should be built."

(*Dr. Niven.*) Would you say "should be provided," because I think the Education Department are going to provide a number of beds themselves. Something of that kind.

(*Chairman.*) "Should be provided"; is there anything now on (B)?

(*Dr. Niven.*) "And further with children," I should continue, "The Committee is advised that further with children," I should insert these words before the paragraph.

(*Chairman.*) I have put at the top of the paragraph, the heading "Institutions available and needed for England and Wales."

(*Dr. Niven.*) Is it not on the same ground that you are advising under (B), "The Committee is advised on (B) further that children affected with osseous tuberculosis."

(*Dr. Addison.*) I do not know that there is any question that will record these 2,000 beds, say at least the school records and statistics, the same with Wales.

(*Chairman.*) I think that is agreed.

(*Dr. Jane Walker.*) If you just add "now" and leave "at initiation" out.

(*Dr. McVail.*) It may be bad English, but it covers an important idea.

(*Dr. Jane Walker.*) May we say, "to begin with," which is English.

(*Chairman.*) Do you prefer "to begin with."

(*Dr. Jane Walker.*) I do personally, but I do not want to push that.

(*Dr. McVail.*) Put it at the beginning of the sentence.

(*Dr. Jane Walker.*) At the beginning, "at least 2,000 beds are needed."

(*Chairman.*) Now, is that agreed to?

(*Dr. Philip.*) Omit the word "pre-tuberculosis" in the fifth line, sir; it reads quite well without it.

(*Dr. Newsholme.*) Is it necessary to say "urgently necessary"; all provisions for tuberculosis is necessary, and provision of open-air schools, &c., for the treatment of tuberculosis is most urgently necessary. I think "necessary" is quite small.

(*Mr. Willis.*) The second line.

(*Dr. Addison.*) I do not know; I think it might be useful if we left that in for climatic reasons, because there is a very large number of children, of course, with these various complaints, glands in the neck and adenoids and things, hundreds and thousands of them.

(*Dr. Newsholme.*) I am not wishing to prevent it; I should be very sorry to lift up my little finger against it. All the same, when one begins to talk about "urgently" one has to think which is most urgent, and if I did say this is the most urgent I should say the proper hygienic treatment of open tuberculosis is most urgent, but I do not wish to set one form of treatment up against the other.

(*Dr. Addison.*) A lot of these cases are not so much tuberculosis in this particular paragraph, therefore, they do not come very strictly within the terms of our Reference, because we deal with various other ailments. No doubt measles and adenoids are employed in that paragraph, if you read it.

(*Dr. Newsholme.*) Will they not get grants?

(*Dr. Addison.*) Yes, but they will not get grants out of the tuberculosis; it is another matter.

(*Dr. Newsholme.*) Then, my question drops

(*Dr. Smith Whitaker.*) I understand "pre-tuberculosis" comes out, of course.

(*Chairman.*) Then, it would have to read, "and are sufferings as a result of conditions and from ailments which have been neglected," or would you say "debilitating"?

(*Dr. Niven.*) Leave it out altogether.

(*Mr. Willis.*) Then, in the next sentence, "The Committee consider that separate institutions should

"be provided for children, and that where this is impossible," &c. I should rather say "impracticable" than "impossible."

(*Mr. Stafford.*) Yes.

(*Dr. Newsholme.*) Has the Committee finally committed itself to the necessity of having separate institutions for children, separate from women? I feel that very often this provision may be used as a means of grievous mischief. It is quite practicable, and not only practicable but advantageous in the same institutions, but in separate pavilions.

(*Chairman.*) What I have got is, "In separate pavilions or at least separate pavilions should be provided for children, and that where this is impracticable they should be housed in a separate department of a sanatorium or a pavilion."

(*Dr. Addison.*) Separate institutions, but economical ones, or something of that kind should be provided.

(*Dr. Smith Whitaker.*) If you have "pavilions" in this part of the sentence, it seems to me you do not want the second part at all; you have really covered it there; you say "separate institutions, or, at all events, pavilions," then you do not need to say they should be housed in separate departments. You have said it.

(*Dr. Newsholme.*) Separate institutions, or, at least, separate pavilions.

(*Chairman.*) Well, I know that Sir George Newman attached considerable importance to the word "department."

(*Mr. Willis.*) That would be so; "In a separate pavilion."

(*Dr. Leslie Mackenzie.*) Say separate pavilions or departments.

(*Chairman.*) Separate pavilions or departments.

(*Mr. Willis.*) Then the last part comes out?

(*Chairman.*) The last part comes out. 28?

(*Dr. Paterson.*) To put in the words, "Efforts to prevent glandular and other forms of tuberculosis should mainly be dealt with by means of open-air schools, &c."

(*Dr. Newsholme.*) No, it is treatment as well.

(*Dr. Paterson.*) Yes, it is treatment, but it is also prevention. In the other people it is both.

(*Chairman.*) Is there anything on 28?

(*Mr. Willis.*) "Children of the school age in attendance at elementary schools are under the control and supervision of the Local Education Authority. Children in attendance at elementary schools are supervised by the Local Education Authority."

(*Dr. Smith Whitaker.*) "Are under the supervision" so as to alter the print as little as possible.

(*Mr. Willis.*) Yes.

(*Dr. Mearns Fraser.*) May I ask one question on 27, on the figures of Sir George Newman; have these figures been based on the numbers of tuberculous children which have been found as a result of medical inspection of school children, do you know, because, if so, I consider them quite unreliable.

(*Mr. Stafford.*) You will find it in his memorandum.

(*Dr. Mearns Fraser.*) Because the majority of tuberculous children are not attending these schools at all. I can speak from experience in Portsmouth. Nearly all the children attending our dispensary have never been seen by the Tuberculosis Officer.

(*Dr. Addison.*) A physician told me this; we never do tuberculosis at all.

(*Dr. Mearns Fraser.*) I think we have 60 children of school age attending Portsmouth Dispensary. Only about 40 of them have come under the School Medical Officer's notice. Anything based on that is sure to be fallacious.

(*Dr. Newsholme.*) It is important; it shows the importance of separating the administration and the treatment of children from that of adults. A very large proportion of the child population is not at the present time in attendance at school owing to osseous and other tuberculous disease. There is, on the other hand, the case contemplated by Dr. Addison, of the wrong diagnosis of very many cases sent to the hospitals which turn out when they go there not to be tuberculosis. In one particular county in England the percentage of tuberculous children is put down in Sir George Newman's report as high as 15 per cent of the children in attendance at those schools, whereas

the average for the whole country is about one per cent.

(*Mr. Willis.*) I do not quite see on what you are raising this.

(*Dr. Mearns Fraser.*) The number of places; the accommodation required.

(*Chairman.*) You mean to say that we have not provided enough?

(*Dr. Mearns Fraser.*) Yes.

(*Chairman.*) We are only now giving the minimum at initiation, as we are advised. I think it is all right.

(*Dr. Mearns Fraser.*) Yes.

(*Chairman.*) 28; is there anything else?

(*Dr. Jane Walker.*) Are we to put in "while in attendance at an elementary school"?

(*Chairman.*) "While in attendance at the elementary school are under the supervision of the Local Education Authority." Anything on 29?

(*Mr. Willis.*) Yes, there are one or two points there.

(*Mr. Davies.*) On 28, sir, I sent in an amendment to add after "dispensary": "And that the administration of tuberculin should be conducted by the Tuberculosis Officer in consultation with the School Medical Officer." I do not think that this Committee has decided whether or not they are prepared to recommend that there should be a wide experiment in administering tuberculin to children in much the same way as a preventive method, and I do not suppose that we would be prepared to put that in this Interim Report. If that is the opinion of the Committee, I would leave it only for discussion to the Final Report. I think it is an important matter, whether we could go so far as to suggest that there should be an experiment of this kind, and I think it is important that it should be discussed at the same time.

(*Dr. Newsholme.*) What paragraph are you on?

(*Mr. Davies.*) On 28; at the end of 28 to insert after "dispensary."

(*Dr. Newsholme.*) Some proposed addition?

(*Mr. Davies.*) Yes.

(*Dr. Niven.*) I should like to speak upon the sentence following that, which says that all cases of tuberculosis detected should be referred to the dispensary. I do not see how that is a practicable proposal. All cases of tuberculosis detected by the School Medical Officer should be referred to the dispensary. Many of those cases would be under medical practitioners, and, in many cases, many of them would be in families who were being attended by medical practitioners, who would have the very strongest objection to their children being sent direct to the tuberculosis dispensary over their heads, and I do not think it is an instruction that we can give that all cases of tuberculosis detected in schools should be referred to the dispensary. I do not think the School Medical Officer is in a position or has any right to take any such step.

(*Dr. Mearns Fraser.*) Would it suit you "If home treatment is not available, should be sent to the dispensary"?

(*Mr. Willis.*) Stop at the word "dispensary," "It is desirable that the School Medical Officer should be closely in touch with the tuberculosis dispensary," and leave it there.

(*Dr. Niven.*) Yes; I do not think you can add the other. If you like to say that all cases of tuberculosis detected should be reported to the Medical Officer of Health, that is a perfectly proper recommendation.

(*Mr. Willis.*) They must be, of course.

(*Dr. Niven.*) Oh, not all, by no means. Tuberculosis in childhood is not notifiable to the Medical Officer of Health, but the Medical Officer of Health would institute inquiries, and where proper cases to be sent to the tuberculosis dispensary, he would see that they were sent, but I do not think that it would be at all a proper course to send the cases direct from the school to the dispensary.

(*Dr. Addison.*) There is a good deal in what Mr. Willis says. Link up with the school service, that other service as far as we should get our records there, and also, I think, so far as practicable, they ought to go there. I should say as far as some cases it would not be practicable. I think you might say "should usually be referred."

(*Dr. Newsholme.*) I am quite clear that the proper procedure is that the School Medical Officer should act in regard to these non-pulmonary cases of tuberculosis exactly as he acts in regard to pulmonary cases. In regard to pulmonary cases, he has imposed upon him by the Local Government Board's Regulations the duty of notifying every case that he gets to the Medical Officer of Health of the district, and I suggest that it would be most valuable recommendation on the part of this Committee that he should do the same in regard to other forms of tuberculosis than pulmonary. In that way you would get it correlated and joined up to the dispensary system at once in this part of the machinery.

(*Dr. Niven.*) If you say it should be notified to the Medical Officer of Health he should, as a consequence, refer these cases where practicable to the dispensary. That, I think, would meet what you want.

(*Dr. Newsholme.*) "Where necessary."

(*Dr. Smith Whitaker.*) May I suggest that we are getting away from the principle that we have laid down. Either we mean what we said all through, or we do not. We have said we want the dispensary to be the general clearing-house, and if you are going to have that principle that one place shall be the general clearing-house for tuberculosis for the district, it seems to me that the statement in this paragraph is the correct statement. Then, as to the question of notification, surely we are coming back again to what was raised yesterday that Mr. Henderson objected to, that if you are to deal with the general question of tuberculosis as against pulmonary tuberculosis, we have relegated that to the Final Report. You cannot bring it in by a side-wind here. On the principles we have laid down, we have no remedy from this statement.

(*Dr. Niven.*) I do not wish to bring anything in by a side-wind; I say we are not in a position to make this recommendation to the School Medical Officer.

(*Chairman.*) This is made by Sir George Newman; surely he must have considered that very carefully.

(*Dr. Niven.*) That is only my opinion.

(*Dr. Mearns Fraser.*) There is a point which I do not think is quite appreciated. The number of children attending these schools; the parents would like them to have their own doctor. If you leave the paragraph in you should put in "that all cases of tuberculosis detected for whom no medical treatment is available should be referred to the dispensary."

(*Dr. Smith Whitaker.*) This has nothing to do with treatment.

(*Chairman.*) This is only to be sent for confirmation of diagnosis.

(*Dr. Niven.*) No, you cannot do it.

(*Dr. Smith Whitaker.*) I think you ought to leave out "Investigation and control"; that is the function of the Medical Officer of Health. I think if you say "for confirmation of diagnosis and for purposes of record"; that is to say for the purpose of tuberculosis dispensaries' purposes of record.

(*Dr. Newsholme.*) Are you within your rights in sending a child from school to a Tuberculosis Officer without the consent of the parent who may have a family practitioner; you must get the family practitioner's consent first?

(*Dr. McVail.*) Yes, it is obvious that the medical attendant of the family must come in here. The whole work of school medical inspection of Scotland is based on taking the medical attendant along with us, and it would not do to omit him from this Report at all.

(*Chairman.*) "All cases of tuberculosis detected should, where possible, be referred"——

(*Dr. Mearns Fraser.*) You mean those cases where they have not their own doctors?

(*Dr. Smith Whitaker.*) Really this case is covered by what we have already dealt with. If it comes to the family practitioner, it is his duty to refer it to the dispensary so it is covered; we need not repeat it here; it is covered by what you have already done.

(*Dr. Leslie Mackenzie.*) The medical inspection of schools covers everything whatsoever; elementary schools, secondary schools, and all schools.

(*Dr. Niven.*) Certainly you cannot do this; it is out of the question.

(*Dr. Newsholme.*) Dr. Smith Whitaker proposes that that last sentence comes out. I think if Sir George Newman were here he would probably agree to that.

(*Dr. Smith Whitaker.*) From "all cases" to the end.

(*Chairman.*) Then, anything on 29?

(*Dr. Jane Walker.*) It is the last sentence of all in that section, "Where domiciliary treatment is necessary" "this should be given under the supervision of the "dispensary"; it might be their own medical officer, might it not?

(*Dr. Bardswell.*) "As a consultant"

(*Dr. Addison.*) "As far as can be conveniently arranged."

(*Chairman.*) "Where possible"?

(*Dr. Jane Walker.*) Yes.

(*Dr. Smith Whitaker.*) A clearing-house in the same manner is in the case of adults, and that is all right.

(*Dr. Newsholme.*) I still am not quite clear as to how it could be a clearing-house unless you have notification. This is tantamount to notification. The Chairman has just now ruled that we must not bring in notification in this Interim Report. If this is a clearing-house the cases are formally or informally notified to the dispensary.

(*Chairman.*) This is a clearing-house in the same way as it is for adult.

(*Dr. Addison.*) Sir George Newman wants to get the School Medical Officer on the staff of the dispensary. That is what he wants to do as one of the Dispensary Staff so as to link him up with the Tuberculosis Medical Officer and get the whole thing into tuberculous work of that nature worked into the dispensary system; that is his idea.

(*Dr. Newsholme.*) But this does not express that.

(*Dr. Addison.*) No, I quite grant it does not.

(*Dr. Newsholme.*) Will this last sentence not bring us up against the medical profession unless something explanatory is added to it: "That all cases of tuberculosis detected should be referred to the dispensary."

(*Chairman.*) Where possible.

(*Dr. Addison.*) It may be possible though there is a family practitioner in attendance; that is the point.

(*Dr. McVail.*) We have that memorandum from the British Medical Association which we must keep in mind. We do not want to put up the backs of the doctors by saying that all their private patients or their children are to go to the dispensary or to be treated under it. They are to be treated by the ordinary medical attendant with the benefit of consultation with the Tuberculosis Officer; that is the view we took a few minutes ago.

(*Dr. Mearns Fraser.*) This is directly in opposition to the circular sent out by the Board of Education.

(*Dr. Niven.*) I think we shall have to leave out this last sentence.

(*Dr. McVail.*) I think it will be safer.

(*Chairman.*) Well, we will leave out the last sentence; anything on 29?

(*Dr. Niven.*) That keeps the sentence: "the dispensary should act as the clearing-house for children." Yes, there is no objection to that.

(*Chairman.*) Yes.

(*Dr. Latham.*) Is it proposed to deal with children as you deal with adults, or are you to deal with them differently? Are not children to be dealt with differently as far as the dispensary is concerned?

(*Dr. Niven.*) Not at all; it leaves that; no, the dispensary will act as a clearing-house for children in the same manner as for adults.

(*Dr. Latham.*) Does it confine its attention to—

(*Dr. Niven.*) It says: "the School Medical Officer is "to be in close touch with the dispensary," that is as near as you can go; you cannot compel people to be sent there who have no business to go there; they will find their way, of course, through the practitioner, but in the same manner as adults will find their way there.

(*Dr. Latham.*) You do not want to stop them.

(*Dr. Niven.*) Not at all; it is desirable that the School Medical Officer should be closely in touch with the Tuberculosis Dispensary; certainly I do not object to that at all. I think it will be necessary. It must be done in a proper manner.

(*Dr. Smith Whitaker.*) Seeing we have not anything about central control in the other part we advisedly left out anything about either the functions of the

Local Government Board or the Insurance Commissioners; it seems to me out of proportion.

(*Dr. Addison.*) We deliberately put a piece in yesterday.

(*Dr. Smith Whitaker.*) The descriptive part?

(*Chairman.*) At the end of 28, instead of the sentence reading thus: "the dispensary should act as the "clearing-house," we might put in "the dispensary " should provide as far as possible the same service for " children as for adults "; that meets your point?

(*Dr. McVail.*) Yes, that is good.

(*Chairman.*) Then, is 29 to come out?

(*Mr. Willis.*) I think so.

(*Dr. Addison.*) I think so.

(*Chairman.*) 30 we did yesterday, did we not? 31 the alternative.

(*Mr. Davies.*) On that the heading administration in England and Wales.

(*Dr. Smith Whitaker.*) The administration in England.

(*Mr. Davies.*) You have got a separate heading for Wales; I suppose that goes out of Wales here; is that agreed?

(*Chairman.*) Mr. Davies, it is suggested that it must be kept in because it is applicable to the two countries.

(*The Secretary.*) May I read the sentence after "Wales?"

(*Chairman.*) It sufficiently safeguards you.

(*The Secretary.*) The Committee consider therefore that the recommendations, section 30 to 34 in this Report, need not necessarily apply in the case of Wales.

(*Mr. Davies.*) Yes, I know that it is in; I do not see the object of having two headings; that Wales should come in twice; you have got headings for Scotland and Ireland—separate headings.

(*Mr. Willis.*) Wales is not quite so separate.

(*Mr. Davies.*) It is true we have not got a separate Local Government Board yet.

(*Mr. Willis.*) That is what you are aiming at.

(*Mr. Davies.*) Do you want it left in?

(*Mr. Willis.*) I should, because you are safeguarded by the expressed statement "that the special conditions arising out of your memorial association."

(*Mr. Davies.*) Well, I will not press the point, but I think it will be better out.

(*Chairman.*) If you would like, on the revised Government proof, which has come round, on page 17, paragraph 31, it would be more accurate to take out "of the majority" at the beginning. "It is the opinion of the Committee," because you will see there is an asterisk with a note at the bottom, so that "the majority" is not quite accurate there.

(*Mr. Willis.*) I should say "It is the opinion of some members of the Committee."

(*Dr. Addison.*) Oh, no, no.

(*Mr. Willis.*) You cannot say "It is the opinion of the Committee."

(*Dr. Addison.*) You can say "It is the opinion of the majority of the Committee." Take out "of the majority"; "It is the opinion of the Committee."

(*Dr. Newsholme.*) The majority constitutes the Committee; that is the point.

(*Dr. Addison.*) Yes, the others did not vote.

(*Dr. Leslie Mackenzie.*) Arithmetically is it a majority, because there are 10 members did not vote, and there are only 17 members of the Committee.

(*Mr. Stafford.*) "Present and voting."

(*Mr. Willis.*) Why not say "It is the opinion of some members of the Committee." Then you have the note at the bottom.

(*Dr. Addison.*) I should vote that we leave it as it is.

(*Dr. Newsholme.*) I do not think you can leave it as it is; "It is the opinion of the majority of the Committee present and voting." It is quite a different thing from "the majority of the Committee."

(*Dr. Addison.*) It is the opinion of all of them who voted?

(*Chairman.*) It is the opinion of the Committee. We state that two of them were not there. It is quite a verbal thing.

(*Mr. Willis.*) It is the opinion of some of us, you could say.

(*Dr. Smith Whitaker.*) "The Committee considers"; that is technically correct.

(*Mr. Stafford.*) If you wish to be technically correct you should say "In the opinion of the Committee present and voting."

(*Mr. Willis.*) "In the opinion of members of Committee present and voting."

(*Dr. Paterson.*) Then we do not know what the opinion of the members who did not vote was.

(*Dr. Newsholme.*) They are put down in the footnote.

(*Mr. Willis.*) I was just wondering whether it was desirable that some of us who do not quite consent to this paragraph should append a dissenting note, or not, or whether we can just leave it as it stands here with this footnote.

(*Dr. Niven.*) We can deliberate upon that afterwards.

(*Dr. McVail.*) That is for the dissenting members to decide, and not for the Committee.

(*Mr. Willis.*) Oh, quite; I only mentioned it out of courtesy.

(*Dr. Addison.*) If the dissenting members wish to append a note, by all means do it; it is a free country.

(*Chairman.*) Is there anything?

(*Dr. Newsholme.*) That may be technically right, sir, but in substance and merits it is contradicted by the names in the footnote, which constitute half the Committee.

(*Mr. Willis.*) Would you not put "The Committee" " (those voting) consider that with a view to securing."

(*Dr. Addison.*) "In the opinion of the members of the Committee present and voting"; it is absolutely and literally correct.

(*Dr. Newsholme.*) We agree to that.

(*Dr. Addison.*) "Members of the Committee present and voting."

(*Chairman.*) Well, then, on 33 you had a verbal alteration, Dr. Smith Whitaker?

(*Mr. Davies.*) Before we get to that, sir, on the top of page 17 it says, "Indeed, in not a few cases, the combination of such powers may be desirable." I think that is very weak; I think we ought to say "is essential."

(*Dr. Latham.*) That has come out; the new thing has come in; that is your view; we had a view section yesterday, and that came right out.

(*Mr. Davies.*) The old 31?

(*Chairman.*) Is replaced by the new 33.

(*Mr. Davies.*) I expect this part of it is in, the last paragraph; I think the last paragraph was not altered.

(*Dr. Addison.*) There is some combination of these authorities for this purpose, is therefore clearly desirable and is specially provided for in the Insurance Act.

(*Dr. Smith Whitaker.*) There are two or three verbal points.

(*Chairman.*) The next one which was not before the Committee yesterday is 34 in the new draft, 32 in the old draft. I may say that there it is suggested to put in after the fifth paragraph "Power is given to the " Local Government Board under section 64, sub-section 3, of the National Insurance Act to make " orders facilitating the formation of Joint Committees " for the combined action of various local authorities." That is the old 32 and the new 34.

(*Dr. Mearns Fraser.*) Is that accepted; the new paragraph you have read out?

(*Chairman.*) I would like to know; I think it is purely a recital.

(*Dr. Mearns Fraser.*) I was wondering if it goes with the last paragraph, that one where it refers to the County Council being the body to make the provision. I do not know whether it does or not.

(*Chairman.*) It goes out.

(*Dr. Smith Whitaker.*) Verbal points on the new 33. They are purely verbal points, in the third line at the end insert "other" before "local sanitary authorities" because County Borough Councils are the sanitary authorities.

(*Mr. Willis.*) I should omit the word "local"; they are not local, and "other sanitary authorities" instead of "local."

AGREED.

(*Dr. Smith Whitaker.*) Then on the next page, the paragraph beginning "having regard to the," the seventh

line after the word "committee" insert it is proposed "all these bodies," and then (possibly with other local authorities), the point being——

(*Chairman.*) I do not quite see where it is.

(*Dr. Smith Whitaker.*) The paragraph "having regard" on page 18, the seventh line of that paragraph, immediately after the first word "committee," insert "all those bodies," and then (possibly with other local authorities), the point being that as it stands it might only be a committee of those bodies, whereas they might not wish to bring in the other local sanitary authorities into such a joint committee. A joint committee of those bodies (possible with other local authorities), then the other correction is three lines further on, the line beginning "they should consult" in the middle of the line strike out the word "minor" and substitute "other," that is to say, other than those already named in the sentence.

(*Chairman.*) Is that all?

(*Dr. Smith Whitaker.*) That is all.

(*Dr. Mearns Fraser.*) "Sanitary authorities concerned," is it not?

(*Dr. Smith Whitaker.*) I take it that would be any such you see which are interested.

(*Mr. Davies.*) The point I raised yesterday with regard to this joint body was that there should be some provision made for the representation of the voluntary institutions which already exist and of people who are interested in this question of tuberculosis. I think you said yesterday, sir, that it was outside the scope of this Committee to suggest that these Joint Boards should be authorised to elect co-opted members from these various institutions, but so far as I can make out from the Act what it says is in section 2 of Clause 64 that for that purpose to enter into agreements, make arrangements with Insurance Committees and other authorities and persons, so that I thought that that would have allowed a loophole to bring in co-opted persons on to this authority, in the same way that people are now elected on to Education authorities of various County Councils, County Boroughs, and so on.

(*Dr. Jane Walker.*) It says so, does it not?

(*Chairman.*) That is not the point that you raised to come on the last paragraph of the new 36 on page 19.

(*Dr. Jane Walker.*) It is already in the new 33.

(*Chairman.*) I think that is where it should be raised in the last paragraph, the new section 36 on page 19.

(*Mr. Davies.*) I do not see that.

(*Dr. Jane Walker.*) The last two sentences of the new 33, "The Committee are of opinion that these bodies." Every bit of it is in.

(*Dr. Smith Whitaker.*) I think we have got to two entirely different points. This Joint Committee is the Joint Committee that is to take part in organising the scheme. That is one thing, and when one wanted, as we have wanted where possible, to get the Insurance Committees represented—and I think the position of the Insurance Committees is practically the same as the voluntary associations—we were legally advised that it would be impracticable. Still there are powers in the Insurance Act and other Acts where you can make combined authorities. There would be no power to make including local representatives of Local Authorities and other bodies, the Consultative Committee proposed on 36. There you come to an agreement for a particular purpose, at any rate, to be concerned that they would be advised by that body and on that Consultative Committee, as I gathered you could bring representatives of these voluntary associations.

(*Mr. Willis.*) I agree with Dr. Smith Whitaker about that, that you could not on this Joint Committee, which is a separate body, put on anybody but those the statute contemplated.

(*Mr. Davies.*) Is not that provided for in section (2) of Clause 64.

(*Mr. Willis.*) Subsection (3) of Section 64.

(*Mr. Davies.*) No. (2) of Clause 64 of the Insurance Act, where it says that "the Local Government Board" may authorise the county council to provide any such "institution, and, where so authorised, the county council shall have power to erect buildings and to manage and maintain the institution and for that purpose to enter into agreements and make arrangements with insurance committees and other authorities and persons"——

(*Mr. Willis.*) I do not think myself that that allows you to set up a Joint Committee to erect and own and carry on an institution; I do not think so.

(*Mr. Davies.*) So far as the arrangements were concerned for that particular area.

(*Mr. Willis.*) They will, of course, consult and make arrangements with the people.

(*Dr. Smith Whitaker.*) The Consultative Committee is part of the arrangements. Mr. Clarke advised us on the Sub-Committee, and after considering the matter we gathered it was his opinion having studied these sections that the power under 64 would not enable you to include those outside people in that governing body. You could include them in a Consultative Committee, but the Governing Body must either be the Council or a Borough Council or a group of Local Authorities.

(*Dr. Addison.*) I think Mr. Davies' point is perfectly well met on 36 on the Statutory Authorities.

(*Mr. Davies.*) I see; quite; I leave it then.

(*Dr. Addison.*) I think that is the place for it.

(*Chairman.*) Then 34 is agreed to, is it; are there any points on 34?

(*Dr. Smith Whitaker.*) That is in the new print, sir.

(*Chairman.*) In the new print; in the old one it is 32.

(*Mr. Davies.*) In the last paragraph but one of Clause 34, it says, "It is desirable that the County Councils should be responsible for the provision and maintenance of institutions, including tuberculosis, dispensaries, and that any accommodation which is provided by other authorities, and which is utilised as part of the county scheme, should be so utilised under the responsibility and direction of the County Council." I do not understand how you expect the present governors of institutions like the case of Crossley Sanatorium and other big institutions and sanatoria of that kind in different parts of the country to hand over these institutions if directly under the responsibility and direction of the County Council without getting some representation on this body.

(*Mr. Smith Whitaker.*) Was not the word "others" here, sir, intended to mean "other authorities"? I do not think it was intended to mean persons outside. The whole section relates to authorities. It does not cover the voluntary association at all.

(*Dr. Niven.*) The County Council is to provide a complete scheme, and nothing is to be done until that complete scheme, is submitted. They must take into account all the existing organisations.

(*Mr. Willis.*) That is the idea.

(*Dr. Smith Whitaker.*) I propose that Committee, last line but two, the word "others," "which is provided by others," substitute "other authorities."

(*Mr. Davies.*) That makes it clear then.

(*Dr. Smith Whitaker.*) Yes.

(*Chairman.*) That is the new 34, accepted.

AGREED.

(*Chairman.*) Then the new 35; I have an amendment put down; a suggestion which was sent in by someone. The paragraph beginning "The duties" under (c) "involved both medical and financial considerations." It is the third sentence. "If the funds are insufficient to meet the estimated expenditure for any given year, action can be taken to supplement them under section 17 of the National Insurance Act, otherwise some discrimination must be made."

(*Dr. Smith Whitaker.*) No, sir; I saw that correction on the paper. It seems to me, sir, that is a misunderstanding. The words "The funds" in the print covers all funds available including those that may be obtained from local authorities, if it is necessary to appeal to them. All the funds available for their purposes, if they are insufficient, some discrimination must be made.

(*Mr. Willis.*) I agree.

(*Chairman.*) Then, is there anything else on the new 35?

(*Mr. Davies.*) The question of the general clearing-house for these sanatoria. The amendment I put down on the original draft was at the end of Clause 33 after "benefit," now Clause 35.

(*Mr. Willis.*) You see, Mr. Davies, if these schemes are organised by a large body, that is, a body repre-

senting a large area, and if all these various institutions are in accordance with this last part of Section 34, utilised under the responsibility and direction of the governing body covering that large area, it seems to me that gives you your clearing-house so far as that large area is concerned. Of course, it does not give it comparing Northumberland and Cornwall, but as it is, you grouped together all the northern counties of England, which give you a clearing-house for all the area, which is, perhaps, all one wants at this stage.

(*Dr. Niven.*) I should like to have this point made quite clear. The different institutions do not need, although they are placed in the scheme, to be under the local authority; it is only that they are placed in the scheme and that arrangements are made with them that they will satisfy the requirements of the Insurance Committee, so that they will come under the scheme.

(*Mr. Willis.*) The idea is that we shall have some responsible person to look to for that area, and that responsible person, or committee, or council, or whatever it is, can incorporate into it voluntary institutions.

(*Dr. Niven.*) Providing that they agree to conform to the requirements of the scheme.

(*Mr. Willis.*) That is it; if they will fit in with it.

(*Dr. Smith Whitaker.*) But they retain their anatomy, subject to their agreement to be bound by certain things necessary for the scheme.

(*Mr. Willis.*) That is the idea.

(*Dr. Niven.*) And that agreement is subject to the requirements of the Insurance Committee, but it is also subject to the supervision of the local authority. The local authority have to see that those requirements are carried out.

(*Mr. Willis.*) Yes, quite.

(*Dr. Mearns Fraser.*) Is there any object in having the last paragraph but one, "when a Council has established a scheme in full working order, a large proportion of the patients to be treated by and in the Institutions it has established." It looks rather as if we should get enough unless they are provided by an Insurance Committee.

(*Chairman.*) The two paragraphs more or less hang together. If you take one out, you must take the other out.

(*Dr. Addison.*) We are looking to the Insurance Committees to send their patients to these institutions, and we are also looking to the local authorities to provide institutions which will take in all; I think it is useful.

(*Dr. Smith Whitaker.*) I think it might be more happily worded to say it will look to the Insurance Committee for the provision of patients. It looks rather as though the patients were subordinated to the interests of providing people to be treated than for the benefit of the patients. Might it be put in in some way as this: "when a committee has established a scheme in full working order."

(*Dr. Niven.*) Where is that?

(*Chairman.*) This is the old 33 at the top of page 18, or the new 35, page 19.

(*Dr. Smith Whitaker.*) "When a Committee has established a scheme in full working order. A large proportion of the patients to be treated will usually consist of those referred to it by the Insurance Committee and for whose treatment the Insurance Committee is responsible, or for the cost of whose treatment the Insurance Committee is responsible."

(*Dr. Mearns Fraser.*) That is better.

(*Dr. Smith Whitaker.*) "A large proportion of the patients to be treated by the institutions when it is established will consist of persons referred to it by the Insurance Committee and for the cost of whose treatment that Committee is responsible."

(*Chairman.*) Then, you take out the whole of that paragraph.

(*Dr. Smith Whitaker.*) Substitute what we have just said for what is there already.

(*Chairman.*) Take out from Insurance Committee to the end.

(*Dr. Smith Whitaker.*) Yes, sir.

(*Dr. Addison.*) The top of page 18 in the old draft.

(*Chairman.*) It now reads: "when a council has established a scheme in full working order, a large proportion of the patients to be treated by and in the

institution which is established will consist of persons referred by the Insurance Committee and for the cost of whose treatment that committee is responsible."

(*Dr. Addison.*) Referred to it by the Insurance Committee.

(*Mr. Davies.*) I think it is very important that these sanatoria buildings should be distinguished from the dispensaries. A patient who is going to receive sanatorium treatment, it does not matter in what part of the country he lives, should go to a sanatorium which has a bed available at that particular time that there should be no delay in sending him there. For instance, the result of this will be, as I understand, if you are to stick to the proportions laid down of one bed for a certain number of population, we are going to have 60 sanatoria in the whole country consisting of 100 beds each; 200 beds, 30 sanatoria; 400 beds, 15 sanatoria. Well, you do not want to encourage a multiplication of institutions; you will not have to have these institutions as you have laid them down, at 150, 200, or 250 beds each; and if there are no beds available in one part of the country and there are patients waiting, they ought to be sent to another part of the country where the beds are available without any delay. As far as Wales is concerned we intend to have one sanatorium in North Wales and another in South Wales. People living in South Wales, when there is not sufficient accommodation in South Wales, would not object to being sent to the one in North Wales, and people in North Wales, when there is not sufficient accommodation in North Wales, would not object being sent to the one in South Wales; therefore, in the interests of economy and efficiency there ought to be some sort of clearing-house. If we do not want to put it in the Report now, merely wait till later on. As soon as this Report comes out these people will begin to put up these institutions, and they ought to put them up with a view to serving the interests of the country as a whole and not any particular part.

(*Mr. Willis.*) I think this is a very important point Mr. Davies is raising. It is quite possible that sanatoria and hospitals might in some parts of the country not be full, whilst in other parts of the country they might be over-full, and possibly a sentence in the Report somewhere saying "the Committee think it is desirable that the Local Government Board should devise certain means of communication between the various people providing these institutions" so that that position of things shall not arise.

(*Mr. Davies.*) And that there should not be a multiplication of these sanatoria.

(*Dr. Addison.*) I think it is a very useful point indeed.

(*Mr. Willis.*) I do not exactly; perhaps between now and to-morrow morning Mr. Clake might consider where it might come in.

(*Dr. Niven.*) It would suffice to say that mutual arrangements might be made by the authorities responsible for the sanatorium treatment.

(*Dr. Smith Whitaker.*) I see nothing in the Act to prevent an Insurance Committee. It seems to me that what Mr. Willis is suggesting might mean this, that the Insurance Committee, say, in Manchester, are debarred from applying to anybody but the Manchester Corporation. I think Mr. Davies' point about the clearing-house is important. You want a clearing-house as regards institutions, not only a local clearing-house where patients are to go, but a general clearing-house for the whole country as regards institutions.

(*Mr. Davies.*) Sanatoria, not the hospitals.

(*Dr. Smith Whitaker.*) No, sanatoria, and you want to make it so that the local Insurance Committee can go round first; they may try their own local council, and then they may go to any other council, and say, "Have you got a bed?"

(*Mr. Willis.*) What I was thinking was, that the Insurance Committee might be able to apply at any time to the Local Government Board, saying, "The sanatoria in our neighbourhood is full up; we have half a dozen cases we want to find places for; can you tell us where there are vacant places?"

(*Dr. Niven.*) Would it not suffice to say that mutual arrangements should be made by the authorities concerned so that the beds recommended should be kept fully used.

(*Mr. Willis.*) I think, possibly, the central authority might be useful in letting that information be known.

(*Mr. Davies.*) That the Committee recommend, that in order to utilise all available beds in sanatoria there should be a central clearing-house for sanatoria patients under the control of Joint Boards of Insurance Committees and County Councils.

(*Mr. Willis.*) You really want a source of information, is it not, rather than a clearing-house? You want to be able to apply to some central department and get some information from them as to where there are vacant beds.

(*Mr. Davies.*) I do not see why there could not be some central board of this sort of the various local authorities concerned, and that they would all contribute towards a general fund for this purpose or guarantee to take so many beds.

(*Dr. Niven.*) What would be necessary? It would be easy enough to ascertain what was the actual cost and expenditure per patient at each of these sanatoria, and the sum contributed by the Insurance Committee. In this case they might defray the whole of the expenditure.

(*Dr. Smith Whitaker.*) I should like to suggest that although this is a non-controversial point, we are all agreed as to the desirability of the object. We might have considerable difficulty in framing a scheme at the present time, and when all is said and done it is not necessary for the purpose of the Interim Report to make such a suggestion, but the local authorities would be able to go to work, which is the chief object of getting this Report out, it is really a matter more for central agreement than local agreement in the first instance.

(*Mr. Davies.*) Every local authority will proceed to erect a sanatorium straightaway, and some of them may put up 100 beds and some of them 20 beds.

(*Dr. Smith Whitaker.*) They have to pass the Local Government Board.

(*Dr. Newsholme.*) They have to get consent.

(*Dr. Niven.*) The Local Government Board would control that.

(*Chairman.*) Do I understand the proposal is, that it should stand over to the Final Report?

(*Mr. Davies.*) If that is the opinion of the Committee I think it is a very important point.

(*Chairman.*) Have you got any words to put before us?

(*Mr. Willis.*) Can we leave that over till to-morrow?

(*Dr. McVail.*) Would these words do: "Sanatoria should be complementary to each other in respect of the reception of patients, so that the overflow of patients' cases from the area of one sanatorium should be received by another having spare accommodation at the time, arrangements to this end should be made by the central authority."

(*Dr. Niven.*) Yes, that is it.

(*Mr. Davies.*) That embodies the principle of it.

(*Mr. Willis.*) That will be put in under "Sanatoria required."

(*Chairman.*) Will you let Mr. Clarke have that?

(*Dr. McVail.*) Yes.

(*Mr. Davies.*) At the end of 36, I suggest you should add: "representatives of voluntary bodies interested in tuberculosis should be given some representation on this Committee; that is, the Advisory Committee."

(*Chairman.*) What do you think of that?

(*Mr. Willis.*) I should agree to that.

(*Chairman.*) It is proposed then on the old 34, the new 36, the last paragraph, where the Advisory Committee is described: "The Advisory Committee consisting of the Insurance Committees and the Local Council," to add at the end: "representatives of voluntary bodies interested in tuberculosis should be given some representation on this Committee."

(*Dr. Smith Whitaker.*) I should rather say some such words as "made suitable."

(*Dr. Addison.*) Say, of an approved character.

(*Dr. Smith Whitaker.*) You do not want to say it everywhere; it might apply quite well to Wales. Where the voluntary bodies would play a very important part, but you do not want to be tied to put every voluntary body on.

(*Dr. Niven.*) It would swamp us.

(*Dr. Smith Whitaker.*) Yes.

(*Dr. Niven.*) It would quite swamp us in large towns.

(*Dr. Smith Whitaker.*) We should all agree to it in the case of Wales, but we do not want to be tied to the small bodies in England.

(*Mr. Davies.*) It seems to me you want a loophole to allow people who have spent their lives working on tuberculosis to come in.

(*Dr. Smith Whitaker.*) It will always be done as a matter of common-sense wherever it ought to be done if we make the recommendation.

(*Chairman.*) It is, perhaps, well it should be representatives of voluntary bodies of an approved character interested in tuberculosis may suitably be given representation on this Committee.

(*Dr. Niven.*) Might I add the words "specially interested," because not everybody who is interested in tuberculosis; we shall be swamped.

(*Dr. Smith Whitaker.*) You do not want the Charity Organisation Society.

(*Dr. Niven.*) No, we do not; we do not want many others.

(*Dr. Addison.*) With the permission of the Chairman, that is agreed; whilst he is writing them down there is a point he has allowed me to raise which I am raising, because, unfortunately, I have to go. It is in connection with the recommendation, that is to say, on page 25 of the new print. The points are two: (1) that beginning on page 24 I think it would be better to head that "Recommendations," because on page 25 it says, "Summary of principal Recommendations." As a matter of fact, the first three are the most important recommendations, so I would suggest on 24 they should simply be added "Recommendations, Capital, Maintenance, General." That is only a matter of words, but the point I want to raise really is a new recommendation which we had up last time and I think some one suggested I should draft it. Well, I did draft it. This is it. I suppose it is circulated with the typewritten sheet; it is in respect of medical education, which has been in our minds before, and we have talked about it several times. I would like to suggest that we add at the end of this recommendation another one to this effect: "That the opportunities which are at present afforded in general hospitals to students of medicine for the observation in the course of treatment of cases of tuberculosis are sufficient to secure the provision in the future of an adequate number of expert medical officers, and that advantage should be taken of the extended opportunities which will be afforded under the proposed scheme to obtain additional under-graduate or post-graduate instruction"; it was circulated, I believe, with the typewritten matter.

(*The Secretary.*) Yes, it is the last thing on the page.

(*Dr. Addison.*) It is a very important thing. I think we ought to get something of that kind in.

(*Dr. Niven.*) Quite; we will put that.

(*Chairman.*) Is there any point on Wales?

(*Mr. Davies.*) I think there is one with regard to it. It is merely a verbal alteration, to cross out "necessarily."

(*Dr. Paterson.*) The second paragraph on the fourth line.

(*Mr. Davies.*) "Need not necessarily apply in the case of Wales," alter it to "Need not apply in the case of Wales." That is a very small alteration. Then I also put in an amendment to cross out "to be congratulated," and put "fortunate" instead. And after Wales at the end, to insert, "The Committee desire to point out that in any National scheme for Wales particular attention should be paid to the training of county and district nurses in the treatment of tuberculosis and in securing the co-operation of existing nursing associations."

(*Mr. Willis.*) I think you must retain the words, "need not necessarily apply in the case of Wales." I think you want the word "necessarily." I do not think you can say "need not apply."

(*Mr. Davies.*) It means very much when we ask that Wales should be left out. In the first administration of England and Wales, you said that that was covered by this provision.

(*Mr. Willis.*) Of course, very much of this—which is in 30 to 34—you want to apply; for instance, all that part about the relation of sanitary authorities. You want to avail yourselves of their services; you must mutually break down if you do not.

(*Mr. Davies.*) Quite.

(*Mr. Willis.*) This practically says—

(*Mr. Davies.*) You do not say here that it must not apply: you say it need not apply.

(*Mr. Willis.*) It is left perfectly open to you. "The Committee consider, therefore, that the recommendations contained in sections 30 to 34 of this Report need not necessarily apply in the case of Wales."

(*Chairman.*) Insert "all."

(*Mr. Davies.*) And leave out "necessarily."

(*Mr. Willis.*) I would keep the word "necessarily"; it is necessary really, because I feel so many of them must apply.

(*Mr. Davies.*) It does not vote them out, even if you leave out "necessarily."

(*Dr. Niven.*) You might miss it out; it makes it no stronger and no weaker.

(*Mr. Willis.*) Do you prefer the word "necessarily" out?

(*Mr. Davies.*) I prefer it out.

(*Dr. Paterson.*) It does not weaken it.

(*Mr. Willis.*) Put the words, "all of the recommendations need not apply."

(*Dr. Paterson.*) Yes; that would meet it.

(*Chairman.*) Now, Mr. Davies, that last paragraph. "The Committee further consider that a larger number of institutional beds will be required for Wales than for England."

(*Mr. Davies.*) But we have not recommended anything for England.

(*Dr. Paterson.*) Take it out, but alter the preceding paragraph. It gets in what we want if it was to read: "It is obvious that the special circumstances which are indicated will necessitate certain modifications and adjustments of the institutional treatment and administrative machinery suggested."

(*Chairman.*) Why "institutional treatment"? Why should the treatment be modified?

(*Dr. Niven.*) Is not that "administrative machinery"?

(*Dr. Paterson.*) Because it is more rural areas. It will not be any more different from Scotland. If it is "administrative machinery," I have nothing further to say.

(*Chairman.*) I think you are only simplicating it.

(*Dr. Paterson.*) It is Dr. Meredith Richards' amendment.

(*Chairman.*) Do you think it is necessary? It is a little difficult to say you ought to have more beds when we have not settled any number of beds for England.

(*Mr. Davies.*) You have accepted one for 5,000 population as the basis.

(*Chairman.*) That is for the United Kingdom.

(*Dr. Newsholme.*) I think it would be quite safe to state that more beds will be needed for England, even in the absence of any figures for England, inasmuch as we know that the present institutional accommodation in Wales is very limited and they have more tuberculosis than England has.

(*Dr. McVail.*) But the statement as set down is absolute: it does not refer to population at all.

(*Dr. Niven.*) There is no harm in "institutional treatment," but I should have thought it was included in "administrative machinery." All that Dr. Paterson is suggesting is to insert the words "institutional treatment and" before "administrative machinery." There is no reason why that should not be done.

(*Mr. Davies.*) What about the nursing associations, sir? Will that paragraph go in; it is merely an acknowledgment of what the nursing associations have already done.

(*Chairman.*) Which nursing association?

(*Mr. Davies.*) I moved an amendment which I handed in after Wales: "The Committee desire to point out that in any National Scheme for Wales particular attention should be paid to the training of county and district nurses in the treatment of tuberculosis and in securing the co-operation of existing nursing associations."

AGREED.

(*Dr. Smith Whitaker.*) Scotland and Ireland should be left to the members from those countries.

(*Chairman.*) I gather there is nothing special you want to do in the Scotch section.

(*Dr. Leslie Mackenzie.*) No; one or two little alterations which are mainly verbal, but at the same time give more point.

(*Chairman.*) Various members of the Committee, two or three of them who are not here, said they thought already in the Scotch section, compared with the English one, the exposition of the law and the existing position was rather long or rather unbalanced as compared with the English one, therefore I think there are many members of the Committee who would be disinclined to make it any longer. I do not know what it is you propose.

(*Dr. Leslie Mackenzie.*) Two paragraphs of 20 lines long would cover it; it can be condensed in the print.

(*Dr. Newsholme.*) I am quite sure we can leave it to the Chairman along with Dr. Leslie Mackenzie and Dr. McVail and Dr. Philip.

Adjourned till to-morrow, at 11 a.m

(*Private and Confidential.*)

(*Uncorrected Proof.*)

TUBERCULOSIS COMMITTEE.

NINTH DAY.

Thursday, 25th April 1912.

PRESENT:

Mr. WALDORF ASTOR, M.P. (*Chairman*),
presiding.

Mr. N. D. BARDSWELL, M.D.

Mr. DAVID DAVIES, M.P.

Mr. A. MEARNS FRASER, M.D.

Mr. A. LATHAM, M.D.

Mr. W. LESLIE MACKENZIE, M.D.

Mr. J. C. McVAIL, M.D.

Mr. W. J. MAGUIRE, M.D.

Mr. ARTHUR NEWSHOLME, C.B., M.D.

Mr. JAMES NIVEN, LL.D., M.B.

Mr. MARCUS PATERSON, M.B.

Mr. R. W. PHILIP, M.D.

Mr. T. J. STAFFORD, C.B., F.R.C.S.I.

Miss JANE WALKER, M.D.

Mr. J. SMITH WHITAKER, M.R.C.S.

Mr. F. J. WILLIS.

Mr. ORME B. CLARKE (*Secretary*).

(*Chairman.*) I want to bring one point before the Committee. I was reading through the Report as we now have it last night and this morning and there was one thing especially which struck me. We came to the conclusion some time ago that the interim Report should deal mostly with the first unit, the dispensary; the details of the sanatorium instruction and that sort of thing should be held over for the final report. As the Report now stands we give details connected with sanatoria, such as salary, site, size. We give those details connected with the second unit in the main body of the interim Report, but we do not give similar or equivalent details connected with dispensaries, so that now I think the Report as it now stands is exactly contrary to the decision we came to some time ago. I think that could very easily be remedied by putting in after the functions of the Dispensary a paragraph entitled, "The constitution of tuberculosis dispensaries," and move forward the question of detail, as to urban and rural dispensaries, which is really what we set out to give to the public in this interim Report, and put that in the main body of the Report after the functions of the tuberculosis dispensaries. It would then come before the section headed "The number of tuberculosis dispensaries required," and a great part of that will be cut out, not the first few sentences.

(*Mr. Willis.*) What number may I ask?

(*Chairman.*) Page 12, number 19, the end of the first paragraph, the sentence beginning, "When desirable, branch dispensaries with a simple equipment closely linked with the central dispensary might be established." All from there to the end of that section, 19, might come out because it is mere duplication, and in front of that section we would put in particulars about the dispensary from the Appendix, so that then we would actually be putting into effect and carrying out what we started out to do. That would be carrying out our original intention, which is not now carried out in the Report as it stands.

(*Mr. Stafford.*) How much of the Appendix would you put in?

(*Chairman.*) I would put in the whole.

(*Mr. Stafford.*) The whole as it stands?

(*Chairman.*) We arranged to give more details of dispensaries in the interim Report; we specially cut down sanatoria and held it over till the final Report.

(*Dr. Mearns Fraser.*) I quite agree; I think it is wise to do that, but how about the Appendix (a). I think it is equally important that that should be embodied in the Report.

(*Chairman.*) Appendix (a): May I just deal with one point; I do not know that all the members of the Committee would accept Appendix (a).

(*Dr. Mearns Fraser.*) No, but I think it is so impor-

tant that members of the Committee should have an opportunity of expressing their views upon that.

(*Chairman.*) Well, then, we will deal with that afterwards; first of all let us take Appendix (b). You see the Report then, I think, would be fuller and more instructive. After all, when people get hold of this Report they say, "What is meant by a dispensary?"

(*Dr. McVail.*) Perhaps I might mention, Sir, that I had an opportunity of discussing this very question this morning with Mr. Smith Whitaker, and we endeavoured to prepare a form of words giving something like a definition of the dispensary, pointing out that it is not a building, but an organisation, an organism with particular functions, and he was detained by some parliamentary questions that he had to answer, but he will bring with him the form of words that occurred to us would usefully make a definition of the term dispensary for the purposes of our Report, because this is a very misleading term. In a letter which Dr. Leslie Mackenzie and I sent to you, we pointed out how thoroughly misleading the term was in Scotland, where the dispensary means the outdoor department of an infirmary, say, from which bottles of medicine are dispensed.

(*Chairman.*) I think if you will read the Appendix (b) you will find that that is very fully expressed and explained. It is explained that it is not essential to have a building; it is explained that it can be attached to an existing hospital, or that you can have a separate building, and it is really because of that, because it is necessary to put all these facts before the public, that I think the Appendix ought to be moved forward to the main body of the Report.

(*Dr. Paterson.*) May I ask where in Appendix (b) it is explained that there may be no buildings? I think that is the point that is omitted in the Appendix, so far as I can see.

(*Mr. Willis.*) It is agreed we must have a building of some sort.

(*Chairman.*) You must have a central building, but in rural areas. Your area may be as big as possible, but he has to have a little house, a nest where he starts from. It may be only a room, he may be always travelling; he may be always travelling on a motor bicycle, but he must have a nest; it may be a shed where he keeps his motor bicycle.

(*Dr. Paterson.*) It would be ridiculous to call the shed where he keeps his motor bicycle a dispensary; it must be the officer.

(*Chairman.*) Where is he to keep his schedules, all his particulars, all his facts?

(*Mr. Willis.*) They may be at the Town Hall.

(*Chairman.*) Then that is the dispensary.

(*Dr. McVail.*) If I might give an analagous case, because in the counties which I have had charge of up till now there are a number of school medical inspectors; they live at home, and they keep their books in their own bedrooms. We do not provide them with offices, but we do not, on that account, call these bedrooms the centres of medical inspection. The inspector is the centre of the scheme, not the bedroom where he happens to have a box containing his papers.

(*Dr. Mearns Fraser.*) He would presumably live in some sort of a town, not in a country place isolated from all other buildings, therefore, even though most of his patients would be scattered in a rural area, still there would be a certain number of his patients coming to him from the town where he would see them in one particular room which would be the dispensary.

(*Dr. McVail.*) No, it is not so really at all; he goes to the schools all over the country; they do not come to him.

(*Chairman.*) We are not describing the dispensary.

(*Dr. Newsholme.*) It means a very long prolongation of our proceedings if we decide to include the whole or part of this Appendix. It will upset the balance of the Report. It would involve again the officers of the dispensary, and laying stress on Dr. McVail's definition of Tuberculosis Dispensary, I suggest to you, Sir, that the better plan would be, as it is your opinion that the dispensary part of the Reports and the sanatorium part of the Report are now disproportionate to each other, that to secure the proper proportion we should adopt the alternative procedure of diminishing the details about

the sanatorium rather than of increasing the details about the dispensary. I think at this stage it is very much better that these appendices should remain as appendices. They are very valuable information, but I do not think we should open the preliminary Report by exact details which may or may not in working be necessary in all cases.

(*Chairman.*) On many points they yielded willingly to Dr. Newsholme's proposals, but I am sure really at this stage we cannot begin cutting down. We have cut down the sanatorium as much as we possibly can, and I am merely proposing to carry out what we decided was to be the object of the Interim Report, and I hope that Dr. Newsholme will not press that point. As to the Appendix (B) I think that probably the best thing we can do is to discuss Appendix (B). There are a few alterations which I have got on my copy, but which I am afraid we have not been able to get typed and printed and sent round. Have you got any alterations, Dr. Mearns Fraser.

(*Dr. Mearns Fraser.*) I have very rough notes of them.

(*Chairman.*) You can follow them?

(*Dr. Mearns Fraser.*) I can follow them.

(*Dr. Bardswell.*) I have them too.

(*Chairman.*) You have them too?

(*Dr. Bardswell.*) Yes.

(*Mr. Willis.*) Are you quite sure that all that we have now got in the Report as regards dispensaries is not sufficient for the guidance of people who are to provide the dispensaries? It seems to me that all your large principles are indicated; that the question of construction and that sort of thing does not arise much in regard to the dispensaries. They read this Appendix very hurriedly once, but it did not seem to me that it would be of much greater use to include that. I really think there is enough in the Report as it stands to indicate to anybody who is going to organize a dispensary what we have got in mind.

(*Dr. Newsholme.*) Quite.

(*Mr. Willis.*) And that is all we want to do. We can, of course, put in the Report just a statement saying that in the Appendix is included a paper written by these gentlemen as to what they think a dispensary should comprise. It is stated in more detail. The Committee, as a whole, without adopting this, thought it desirable to publish it. Surely you will get all you want that way.

(*Dr. Mearns Fraser.*) I think it is most essential it should be in the Report. There are two principal items with which you deal, dispensaries and sanatorium.

(*Mr. Willis.*) Would you mind pointing out what particular thing is in the Appendix which is not in the Report, which is important from the point of view of providing a dispensary?

(*Mr. Willis.*) If I may point out, you give details of a sanatorium which we agreed should be the main point of the Final Report. You give details in the body of the Report and you do not give corresponding and equivalent details connected with the dispensary.

(*Mr. Willis.*) But they are different things, Sir. The sanatorium, of course, is a large institution; it is a great big hotel, as it were, and very expensive, whereas the dispensary is, as Dr. McVail says, very largely merely an organism, an organisation. Sometimes it will require a building, sometimes it will require merely an office, and very little more. The two things do not seem to me comparable, and I should like to know particularly what point —

(*Dr. Mearns Fraser.*) Because it costs more, it does not mean it is more important.

(*Mr. Willis.*) I quite agree, but the Committee have already said they think the most important thing is the provision of the dispensary. That is in the Report itself.

(*Dr. Niven.*) It does seem to me unnecessary to swell the bulk of this Report. This is set out for the guidance of local authorities, and I agree with Dr. Newsholme that it would not be wise if the details regarding sanatoria were put in the Appendix. I think the descriptions have amply shown that the word "dispensaries" resolves itself chiefly into the functions of a tuberculosis medical officer, and that being so it is a pity to attempt to define too minutely the term which is so comprehensive in its nature, one may say rather

(*Dr. Philip.*) I do not feel very strongly one way or the other, save this, that there are certain points which come out in the Appendix which, in answer to Mr. Willis' question, I should have very definitely included in the body of the Report.

(*Mr. Willis.*) Such as?

(*Dr. Philip.*) Such as the salary of the officer. We discussed salaries of officers.

(*Mr. Willis.*) But we have got that in now.

(*Chairman.*) No; we have not. It was just that that struck me, that I saw the Report was unbalanced.

(*Dr. Philip.*) That is what struck me on reading it over this morning.

(*Mr. Willis.*) "With a view to securing desirable officers, the Committee recommend that, in giving or withholding approval, the Local Government Board should take into consideration the whole management and staffing of these institutions." But there was something else we settled yesterday.

(*Chairman.*) That was connected with sanatoria; sanatoria only.

(*Dr. Philip.*) Subject to Mr. Willis' correction, I think I am right in my statement.

(*Mr. Willis.*) I would agree to make the paragraph part of the Report.

(*Dr. Philip.*) Similarly, I cannot help thinking that the nature of the staff might be in some sense outlined, because there is a good deal implied in the constitution of the staff which is not implied in the statement regarding the dispensary in the body of the Report.

(*Dr. Leslie Mackenzie.*) I should like to say that while I would have no objection whatever to importing the point, which is a very important point, about the salary of the tuberculosis officer into the body of the Report, I do see serious objection to importing the whole of that Appendix, because it is equivalent to our laying down as absolutely necessary for every locality a whole series of structural buildings and so on that in a great mass of cases in Scotland at least will be purely irrelevant. We cannot expect local authorities to do any such thing, whereas in the great centres such as the great towns they will normally at once turn to the Appendix, and get guidance from it as to the realising the functions detailed on pages 11 and 12; it seems to me that the primary thing to make good, and I do think the Report does make it good, is that the functions of this first unit should be those six functions detailed on page 11. Sufficient detail, it seems to me, is given for the guidance of every administrative person, and those concerned to realise these functions will at once turn to the details in the Appendix and get all the guidance we can give them. In spite of the fact that we have given the details as to the salaried officers of sanatoria, I think it would be a desirable thing to indicate what in a large dispensary the salary of the tuberculosis officer should be. Beyond that, I honestly think that it will overload the dispensary side.

(*Chairman.*) May I just point out, Dr. Leslie Mackenzie, that in the Appendix this very definite statement occurs: "The one essential is a skilled principal medical officer with capacity for organisation who shall develop the scheme as laid down in principle according to the local requirements."

(*Mr. Willis.*) What page is that, please?

(*Dr. Bardswell.*) Against the treatment we say, "In some rural districts there might be a branch dispensary."

(*Chairman.*) Every single one of the objections is actually dealt with in the Appendix, and I must say I do think, if this Report is going to be the Report which we originally intended it to be, if it is going to be on the lines—of course, that is one of the great difficulties of changing the Report about; it is only when you have time to sit down and consider it as a whole that you will find it does not hang together. And certainly it is my opinion at the present moment, the Report does not hang together—I hope these gentlemen will not press their points. I think the general feeling of the Committee is that the Dispensary Report should go in the main body of the Report, and certainly the Report will be more valuable as a Report, and a large number of facts that ought to be before the public will be before the public in their true proportion if they are contained in the main body of the

Report. If they are tucked away in the Appendix, under the names of four gentlemen, however distinguished they may be, it will not have the same value and importance.

(*Dr. Jane Walker.*) Might we know the suggested alteration.

(*Chairman.*) The suggested alteration is; have you the second Government proof?

(*Dr. Jane Walker.*) I have the second and the third.

(*Chairman.*) The second, page 12, you see there we finished the functions of the dispensary, to insert after the functions of the dispensary, the constitution of the dispensary.

(*Dr. Jane Walker.*) That is 18.

(*Chairman.*) That will become 19, 18 is the functions, 19 will be the constitution.

(*Dr. Jane Walker.*) Eighteen, beginning "The constitution?"

(*Chairman.*) We will delete the first sentence, 18 will be the functions, 19 will be the constitution.

(*Dr. Jane Walker.*) Not the number?

(*Chairman.*) And twenty will be the number of dispensaries required and most of the present 19, which will then have become 20, will come out, because it will be mere duplication.

(*Dr. Jane Walker.*) Then, 19 will be the Appendix practically; what is now in the Appendix?

(*Chairman.*) That is it.

(*Dr. Jane Walker.*) Then you agree, the Appendix.

(*Chairman.*) The Appendix will be discussed. There are various alterations which I should like to put before the Committee which were discussed last night.

(*Dr. Latham.*) I should like to support your suggestion that this Appendix be included in the main body of the Report. Our chief reason for the Interim Report is to persuade local authorities that they can begin, at any rate, with regard to the Dispensary Unit, therefore, the chief thing in our Report is the Dispensary and, therefore, it seems to me it is the bounden duty of this Committee to give some definite guidance to these local bodies with regard to the formation of dispensaries, where dispensary accommodation may be required. If you do, as is suggested here, leave this Report to the signatures of four of us, then I think the public will very naturally draw the deduction that these so-called experts that produced this Appendix submitted it to their Committee, the Committee did not approve of it, they had done them the honour to include it as an Appendix, but they do not approve of it, and they are not going to have it in the body of their Report, and, therefore, we, as local bodies, may very safely neglect it. I think most of the objections will be met if we transpose one sentence in this Appendix and put it in the Staff Clause, include it in the body of the Report. If we say, "The one essential" is a skilled Principal Medical Officer with capacity for organisation, who shall develop the scheme, as laid down in principle, according to local requirements. Where buildings are required, the following is the result of experience" or something like that. Then, I think everybody's views would be met, but I do think that this Committee ought to give some guidance, as a Committee as a whole, with regard to dispensary buildings.

(*Mr. Willis.*) I should quite agree with Dr. Latham that it is desirable that the Committee shall say that "The one essential is a skilled Principal Medical Officer with capacity for organisation, who shall develop the scheme, as laid down in principle, according to the local requirements." And that then they should go on to indicate that the Principal Tuberculosis Officer should receive a salary and so on, putting that very much as we decided to put it yesterday with regard to the sanatorium. But, when you have said that, it seems to me that, together with what is now in the Report, is absolutely everything necessary—everything. The Report, as it stands, shows the constitution of the dispensary and the variations that may be necessary from the urban and rural conditions respectively. They are described in Section 91. In the Appendix the Committee make that statement.

(*Dr. Latham.*) I want it more than described; I want it approved. I want some expression of approval by the Committee of what is in this Appendix. You simply say "described."

(*Mr. Willis.*) If we are going through this Report carefully with a view of adopting it, I must say, for myself, I have not read it carefully enough to say whether there are amendments in it.

(*Chairman.*) I am very sorry if you have not. After all, this is the Fifth Report which has been before this Committee, and that is my complaint, that now gentlemen come here to offer criticisms which they ought to have sent in to me two weeks ago. Mr. Clarke and I have been working 8 or 10 hours a day, sitting up late at night. I do think some members of the Committee have not treated us well in not taking the trouble at an earlier date to submit to us amendments.

(*Dr. Newsholme.*) On that point, I submit to you that is not exactly accurate, for this reason, that it is not necessary that we should study every statement by every sub-committee, or every expert who sends in a statement to us. We have gone as far as we can in that direction, but as to committing ourselves to criticisms of each of these statements by sub-committees, that did not seem to be necessary for us, because we had no idea, at that time, that those statements would be embodied in the main Report. That being so, I consider we did our duty to the Committee, though we were not in a position to criticise every statement in a sub-committee's document.

(*Mr. Willis.*) I must say, Mr. Astor, that I personally appreciate very much the very great amount of labour and time you have devoted to this, but I must say also, I do think it is a little unfair to blame any member for not having criticised that which you had stated was to come out under particular names. I mean it was understood that this Dispensary Report was to come out under the names of the persons who had written it.

(*Dr. Latham.*) When was that understood.

(*Mr. Willis.*) I have understood it; I have said so in letters to the Secretary.

(*Dr. Latham.*) It was only said so yesterday.

(*Mr. Willis.*) I said so directly I got the second draft, and, therefore, to say that I had been failing in my duty because I have not personally read that Report with a view to criticising it to-day, is, I think, a little unfair.

(*Dr. Leslie Mackenzie.*) I read the Appendix; I know every detail that is in it. I do not understand on what ground Dr. Latham can say that the guidance as to dispensaries is exceptional in demanding that we should put it more prominent than sanatoria, for the remit makes it perfectly clear, "In making or aiding provision for the treatment of tuberculosis in sanatoria or other institutions or otherwise." It covers the whole question, in other words, in every form whatsoever of tuberculosis treatment. I do not think, therefore, that under the remit the dispensaries should in any degree get any special reference. But when I raised the question yesterday as to this officer of the dispensary, I was told that one of the points was, that it was not in the Report, that it was to be put in the Appendix under the names of the gentlemen that had drawn up the Report. That certainly disarmed a considerable amount of any objection that I had. Now, we are requested to transfer the whole of this into the body of the Report, and, of course, it will lead to a further discussion, that the compromise come to yesterday which was incorporated in the Report will not reflect the whole situation; it is a modification certainly of what is in the Appendix. Personally I have no objection whatever to taking certain points like the salary, any particular synthetic point, so to speak, like Mr. Willis and Dr. Latham have suggested about the position of the tuberculosis officer, but I do object to having the whole of this Appendix imported into a Report, as if we placed it as the thing of primary importance in the Report. I do not regard it as the thing of primary importance in the Report. I think the primary thing is to make perfectly clear the functions of a dispensary as is done on 11 and 12, and done extremely well. When anybody is interested to realise these functions he will at once go to the place where he will find the practical detail and use such detail as he requires. Personally, therefore, I entirely object to the proposal to take it in body bulk, but I am quite prepared to discuss items.

(*Mr. Stafford.*) I must plead guilty to being one of those members who have not read everything in connection with this Report.

(*Mr. Willis.*) Hear, hear.

(*Mr. Stafford.*) I plead guilty to it, and I know there are some other people who have not read everything that has been written in connection with it, and, in speaking to a member yesterday in connection with a very interesting memorandum of my own—I say interesting, although it is my own—I found that member knew nothing at all about it. Now that shocked me very much. But let us pass away from that particular portion of the incident; I think we might drop that point altogether. The main point before us at the present moment is, is this Appendix going into the Report, or is it not? Is it necessary for this Appendix to go into the Report? Well, from the very beginning I suggested that this Report is overloaded. I thought from the commencement it was overloaded with details, and that it was very desirable to put a great deal of what we find in the Report in the Appendices. Now, the Committee decided otherwise. The Committee decided that they should put in all these details and they put in yesterday in connection with sanatoria much fuller details than I should have liked to have seen in the Report. However, in their wisdom the Committee did that. Now, having done that with regard to sanatoria, I certainly consider that we must do something on precisely the same lines with regard to what we have all considered to be the main pivot of our work; that is the dispensary. We have said all along that the dispensary is the main thing upon which we should rely. We put it in the forefront of our Report. If, after doing that, we do not put in as full details or fuller details in connection with dispensary as we have done in connection with sanatoria, then I think that we are really stultifying ourselves. There may be some of these details in connection with it which, on going through it, we find we can eliminate, but we must deal as fully or more fully with the dispensary than we have done with the sanatoria. I think the Committee should consider that point carefully, and I think we should agree to deal quite as fully with the dispensary as we have done with the sanatoria.

(*Dr. Latham.*) There is one question, Sir, Dr. Leslie Mackenzie raised which has been to a certain extent answered; why did I say that we ought to make more of this dispensary question than of the sanatorium question. The answer to that is that in the Interim Report the main thing is the dispensary. That, we say definitely in this Report, that we will deal in our Final Report with the construction of sanatoria, and I take it we shall deal more fully with construction of sanatoria. So far as the Interim Report is concerned, the dispensary is the most important thing.

(*Dr. Leslie Mackenzie.*) I am quite willing to accept that.

(*Dr. Jane Walker.*) I am inclined to think that if we leave it where it is nobody will read it, and, therefore, we might just as well leave it out. If we do leave it where it is, we might put it in the same page. I think we ought to give more prominence to it somehow or other.

(*Dr. Niven.*) My own impression is that, so far from people not reading it where it is, they will read it more carefully; that it is matter which stands out quite conspicuously by being put in a separate form. I do think that this Report is sufficiently long already. I do not see any objection in principal to putting this in the Report, but I think the Report reads better and is altogether a more workable Report without adding any more matter to it.

(*Chairman.*) I think we might now decide whether it is to go into the main body of the Report. I am sorry Dr. Smith Whitaker is not here. I tried to call up several members of the Committee to ascertain what their views were and he entirely agreed it ought to go, and he said he would be here to put his views before the Committee. He entirely agreed that it ought to go in the main body of the Report. Well, those gentlemen who are in favour to putting, not necessarily the whole—we will have to discuss it—but a great part of what is now in the Appendix in the Report, kindly hold up their hands. On a show of hands,

The Chairman counted—

For putting it in the Report	-	-	7
Against	-	-	5
			<hr/>
Majority for	-	-	2

(*Chairman.*) The Committee have decided that it is to go into the Report. To meet, I think, the feelings of several gentlemen it would be better to begin; "The one essential is a skilled principal medical officer with capacity for organisation, who shall develop the scheme, as laid down in principle, according to the local requirements." I think that meets your point, Dr. Leslie Mackenzie, and many others?—And then to say, "Where buildings are required, experience proves; and then deal with the buildings showing that the essential thing is the doctor."

(*Dr. Leslie Mackenzie.*) Do not think, Mr. Chairman, that I am against the details at all.

(*Chairman.*) No, quite; do you agree with that alteration that we should begin by pointing out that the essential is the Chief Tuberculosis Medical Officer?

(*Dr. McVail.*) Would you allow Dr. Smith Whitaker to read that memorandum that we drafted. It deals with that point?

(*Chairman.*) Dr. Smith Whitaker proposes that we should begin.

(*Dr. Smith Whitaker.*) That was the suggestion to come at the end; the idea of this was that it should come at the end.

(*Chairman.*) It has been agreed to put the details of the Constitution; to have first of all the functions of the dispensary, and then have the condition of the dispensary and to put a great deal of what is now in the Appendix in the main body of the Report. Now, does this fit in with that?

(*Dr. Smith Whitaker.*) Yes, I think it would come in very well. May I say very shortly: perhaps I might read this, and then explain why I suggest it should come in at the end:—"On reviewing as a whole the foregoing description of the proposed constitution and working of the tuberculosis dispensary and its position in the general scheme of provision for the treatment of tuberculosis, the Committee desire to emphasize again the fact that the "dispensary" as herein contemplated is essentially not a building, but an organism. The Committee have advisedly so framed their suggestions under this head as to be capable of the widest application to the varying local conditions to which it will be necessary to have regard. The essential element which must always be present is the chief tuberculosis officer, appointed by the local authority, standing in such relation to the Medical Officer of Health and the general scheme of public health administration as may be defined by the regulations of the local authority, acting as expert adviser to the local authority and Insurance Committee in matters of diagnosis and treatment, controlling, supervising or acting in consultation with, as circumstances may determine, the whole-time subordinate medical officers and private medical practitioners by whom treatment is given, and himself treating cases for which special skill and experience are required." The reason why I venture to submit that that or something of that kind might come at the end is this: I think in dealing with the public you must proceed from the familiar to the unfamiliar. I think, if you begin with this description, you will not be following on precedent. I think, if you begin by speaking of the dispensary and building up your conception, and then end up by this summary of the whole thing, which can be referred to by everybody as the authoritative definition of what we mean it will serve its purpose as an authoritative definition equally well as if it came at the beginning, and at the same time it will be more clearly understood by everybody if it comes as a summary of details that you have already explained than as a forecast of what you are to explain.

(*Chairman.*) Quite; I have not read what it was, but I can see what your idea is: first, we should have the functions, then the Constitution, and then this summary.

(*Mr. Smith Whitaker.*) Then, that summary.

(*Chairman.*) Well, we will take it when we come to it. I think it is a very fair summary. The new section then would begin and the heading would be: "The constitution of the dispensary." "The one essential is a skilled principal medical officer with capacity for organization who shall develop the scheme, as laid down in principle, according to the local requirements."

"Where buildings are required experience shows that" or something, and then deal with the buildings. Is it your wish that we should begin this section in that way with this reference to the importance of the tuberculosis officer?

(*Dr. Leslie Mackenzie.*) Where do you propose to take it in; at the end of the first unit section, on page 13?

(*Chairman.*) There is 18, the functions; now there will be a new section 19, "Constitution," and then the number of tuberculosis dispensaries would be 20; and half of that would be taken out because it would be covered by the "Constitution," the details as to rural areas.

(*Mr. Willis.*) And is it proposed that No. 18 shall stand.

(*Chairman.*) That No. 18 shall stand with the exception of the first sentence; the first sentence would come out. "The constitution of the tuberculosis dispensary and the variations that may be necessary to meet urban and rural conditions respectively are described in section 19 in the Appendix." It will begin: "In a general way the function of the tuberculosis dispensary should be to serve as," and then the constitution will be the following section,

(*Mr. Willis.*) That is the first alteration omitting those words?

(*Chairman.*) Yes.

(*Mr. Willis.*) I agree to that.

(*Chairman.*) That is consequential.

(*Mr. Willis.*) Then, there is no further alteration in 18.

(*Chairman.*) Then 18 stands. Then the heading would be "Constitution of the tuberculosis dispensary," beginning with the essential, the importance of the tuberculosis medical officer.

(*Mr. Willis.*) Are the actual words now in the Appendix; the actual words you propose?

(*Chairman.*) Yes.

(*Dr. Niven.*) Does it now read, Mr. Chairman, "The functions of the tuberculosis dispensary"?

(*Chairman.*) The constitution. This is a new section, No. 19, and the heading would be, "Constitution of the Tuberculosis Dispensary."

(*Dr. Niven.*) That comes after subsection (6), page 12.

(*Chairman.*) Yes, that is it. Now, following the "general," Mr. Clarke was just preparing some introductory words that will be put before the Committee. Following "general outline of the dispensary" in the Appendix (B) you will notice there, beginning "The dispensary for urban areas," there is an alteration in the opening sentence which I would like to put before the Committee, and that is, "In most instances it will probably be found that the existing premises"—we are now on buildings we have discussed—we are now on the Appendix. We have begun with the general reference to the Tuberculosis officer, and now we are discussing the buildings, "where buildings are necessary" and we begun with "Buildings in urban areas." I suggest that we should begin as follows:—"In most instances it will be probably found that existing premises can be readily adapted for the purpose of the dispensary. In other cases it may be more economical to build, or, again, it may be convenient that the dispensary should form a department of an existing hospital or infirmary." Does that meet with the approval of the Committee?

AGREED.

(*Chairman.*) Then, in a few large centres, more especially centres where medical training is given, it may be advisable to have a special building on a larger scale. I think we must consider places like Manchester, where you would have a separate building.

(*Dr. Niven.*) Quite.

(*Chairman.*) "The dispensaries should be so situated" (a slight verbal alteration) "as to be easy of access to the working class population." Then, otherwise I have no alterations to put before the Committee down to the end of that paragraph.

(*Mr. Willis.*) You propose to include all the rest of that paragraph?

(*Chairman.*) Well, if you accept it; are there any points?

(*Dr. Mearns Fraser.*) The words "committee-room"; there is no provision made for committee-rooms.

(*Chairman.*) We have not come to that. Then, the next paragraph, "The Committee wish to express the opinion that there is no fear of infection being conveyed from the dispensaries to the occupants of neighbouring houses." I would propose to leave that unless any member objects to it.

(*Dr. Niven.*) Oh, certainly.

(*Chairman.*) Then, there is a slight verbal alteration, "The following accommodation is desirable: an office, a general waiting-room." Then, add the words "a committee-room, a consulting-room (one or more) with attached dressing-rooms, and so on." That paragraph could stand if the Committee pass it. It is merely this is desirable; we do not say it is essential.

(*Mr. Willis.*) Is it not a little curious to say "It is desirable to have laboratory accommodation." It is rather as if we suggest they should have windows.

(*Chairman.*) Would the Committee prefer to have it out? Those in favour of taking it out?

On a show of hands,—

(*Dr. Latham.*) I do not know whether it would be wise, instead of accepting facilities for bacteriological examination, to transfer the paragraph on laboratories, which is lower down, to that particular place.

(*Chairman.*) You mean cut out that last sentence.

(*Dr. Latham.*) Then, I agree, leave it, if you are taking out lower down.

(*Mr. Davies.*) Is it really necessary to put all this in? The Committee are committing themselves to a vast amount of detail here which is absolutely unnecessary. If this tuberculosis officer is appointed for this particular place surely he knows what a dispensary ought to be, without advice from this Committee, without putting all this detail in.

(*Chairman.*) It is only where buildings are required.

(*Mr. Davies.*) In some cases these places may be attached to an existing infirmary. We have already agreed that and possibly a great deal of this accommodation already exists in that place.

(*Chairman.*) Then, it would not be put in in addition.

(*Mr. Davies.*) They say this in the Report, and a man might say, "I must have all these things," and it might lead to unnecessary expense.

(*Dr. Latham.*) As a matter of experience, this central fund people do not know what is required for a dispensary and they often ask for your opinion; Dr. Philip will bear me out. We have already said there are very few people who are trained for this work, they cannot think these things out for themselves and they want guidance.

(*Chairman.*) Would your objection be met if we put in the word "generally"? "The following things are generally desirable."

(*Mr. Davies.*) If the Committee want them.

(*Dr. Jane Walker.*) Obviously they would have to have two dressing-rooms.

(*Dr. Smith Whitaker.*) Who are going to want this information, Sir; not the general public, the local authorities, and the local authorities will get it from the Local Government Board, or from the advice of their own tuberculosis officer.

(*Mr. Willis.*) I do not think from the Local Government Board. I think you may assume they know a lot.

(*Dr. Niven.*) There is no harm in putting this in. It is, of course, no use for the greater part of the people who would be called upon to provide dispensaries, but it may be of some use to authorities who are not well informed.

(*Dr. Mearns Fraser.*) We must make it complete, if we are going to put anything at all.

(*Chairman.*) I do not think it is unnecessary. I think there are certain particulars, such as these suggested by Dr. Jane Walker, might come out.

(*Dr. Smith Whitaker.*) From the point of view of perspective, you wind up by saying the essential is the staff and not the building; if you are to take that view, then you do not want to create the impression in the people's minds that the building is, after all, the thing to which you attach so much importance.

(*Chairman.*) No, but you begin by saying that "Where buildings are required."

(*Dr. Mearns Fraser.*) I think, Sir, we are dealing with the urban dispensaries.

(*Chairman.*) We begin by —

(*Dr. Bardswell.*) The committee-room is not a very desirable room; you meet in the waiting-room or in the office.

(*Dr. Mearns Fraser.*) You cannot meet in a waiting-room, if your dispensary is visited the whole day long as a dispensary in a town will be. I might explain possibly why it was put in. At our dispensary a very important work is done by the Care Committee and that committee meets at regular times, is composed of representatives from every charity in the town, the members of the Health Committee, the members of the Board of Guardians, and the medical officer attends this committee and they report to the committee certain patients who need some particular requirement, perhaps change of occupation or some extra food, or better accommodation for sleeping and that sort of thing, and one member undertakes the cases and sees if that can be provided through one of the societies with which he is connected, one of the charitable societies in the town. You cannot use your waiting-room or consulting-room for that, because in any large town your dispensary is visited all day long; you must have a separate room.

(*Dr. Newsholme.*) Will the Town Council have any difficulty in giving you a room in the Town Hall; that is the central bureau for the whole town?

(*Dr. Mearns Fraser.*) I do not mind whether it is in the Town Hall or not. There is very little accommodation there; they are so full up with municipal work. It is a matter of inconvenience to go to a different part of the town to have your Committee.

(*Dr. Niven.*) I see no objection to this going in, but we will have to raise our necessary expenditure considerably.

(*Mr. Davies.*) That point of principle; we were told that the intention was to put part of this in the body of the Report so as to bring it in line with the sanatorium paragraphs of the Report. I do not think we have entered into all these details with regard to sanatoria. I suggest this is all right for the Appendix, but not for the body of the Report.

(*Chairman.*) No, what we agreed to put some time ago were the details of the sanatoria in the final Report, but the details of the dispensary in this Report. We found we had more details of sanatoria in the body of the Report than we had of the dispensaries, though that was not the idea with which we set out originally. We set out originally with the idea of having more details of dispensary because that was the unit which should for many reasons be started at once.

(*Mr. Davies.*) The understanding then was that the ordinary details were going in the Appendix when we came to that decision.

(*Dr. Niven.*) Could we not agree as to the committee-room?

(*Chairman.*) The question is now on the committee-room; do you think it is essential that that should go in?

(*Dr. Mearns Fraser.*) It is essential we should have a committee-room.

(*Dr. Paterson.*) Would it not be met if the committee-room went under "Care Committees" at the end; that this Care Committee should have a committee-room and leave them to find out where they have it.

(*Dr. Bardswell.*) It is immaterial where they meet.

(*Dr. Latham.*) This committee-room is for the purpose of an After-Care Committee, and if you can attract all the authorities which are concerned in the question of tuberculosis to pay an occasional visit to the Dispensary you are to get them much more interested in the dispensary than if you got them in the Town Hall. And there is another difference; as far as I understand the work of the After-Care Committee they want references to the particulars of the individual patients from time to time, and you must have these references on the spot, and they are more likely to get these references at the Dispensary rather than a mile or so away.

(*Mr. Stafford.*) Surely the local authorities are capable of doing these things for themselves; they really do not want this Committee to tell them

everything. I think we might lighten this Report and knock that paragraph out altogether. It is really absurd to go into all these details.

(*Chairman.*) Is it the desire of the Committee that this paragraph should stay in or that it should go out?

(*Dr. Maguire.*) I rather gathered that it was essential to get the information with regard to conversion of one of the dwelling-houses, and the idea was to give some idea of what was necessary for the conversion of dwelling-houses into dispensaries. I think this rather applies to the ordinary dwelling-house than it does in connection with hospitals.

(*Chairman.*) Quite to show people what sort of a dwelling-house they must look out for when they are to take it over to convert it.

(*Dr. Mearns Fraser.*) They will want to know in the house what rooms there are to spare and what rooms they will want.

(*Chairman.*) Is it to go in?

(*Mr. Willis.*) Before you vote on that, might I ask whether it is necessary to have separate dressing-rooms; separate for male and female patients.

(*Chairman.*) That has come out; the only thing which is now left in is, "The following accommodation" is generally desirable:—An office, general waiting-room, committee-room, consulting-room (one or more), with attached dressing-rooms. That is all that now remains in.

(*Dr. Niven.*) We do not put in committee-rooms.

(*Chairman.*) I only want to know whether those general sort of details should go in or the whole section should come out?

(*Mr. Willis.*) I venture to suggest that for us to say a consulting-room is necessary in a building where consultations are to take place seems to me ridiculous.

(*Chairman.*) The idea of this paragraph is, we tell them that an existing building can be taken over, adapted and equipped, give them a sort of idea of the number of rooms that will be required; there must be a certain amount of discussion in this Committee as to the number of rooms required; it is not obvious to everybody.

(*Mr. Willis.*) I would keep the whole lot in if that is so.

(*Chairman.*) Is it your wish that it should stay in?

AGREED.

(*Chairman.*) Then the last part comes out: "There should also be facilities for laryngoscopical and bacteriological examination, and for the provision of drugs." Does that stay in?

(*Several Hon. Members.*) Stay in.

(*Chairman.*) Then "capital." The capital outlay will vary according to the type of building selected. The adaptation and equipment, mind you,—we are only dealing with urban. "The adaptation and equipment of an existing house should not cost more than 250*l.*, and (very) often might (should) cost considerably less than this sum." Is it your wish that that should remain?

(*Dr. Niven.*) You may say so, but you cannot do all this for 250*l.*

(*Dr. Paterson.*) I should like to ask the question: Has it been found practical to hire and rent houses when the purpose is known for which they are to be used, or have they to buy them?

(*Dr. Latham.*) We have not bought a single one in London.

(*Mr. Willis.*) I should like to say on that particular point I do know that some local authorities who have tried to hire buildings for this purpose found it difficult to do so. I believe local authorities can do things a charity cannot do. I know that at Bradford there was considerable opposition to the establishment of a dispensary in the chief street there, because all the people in the street were frightened of it. They say consumptives will be trooping to this house day after day, and there is a dairy next to it, and the point Dr. Paterson raises is really important.

(*Mr. Davies.*) I think it is quite wrong to describe this as a capital cost, because the result of our experience in regard to the question of leasing these houses is exactly what Mr. Willis has said. I know several cases where we have endeavoured to secure the easehold of a place for a considerable period of years

and, as soon as the people discovered it was wanted for anything in connection with tuberculosis or the treatment of tuberculosis, they sheered off at once. They said, "We will sell it, but on no account will we lease it, because if you give it up then the place becomes absolutely unlettable." I think it is quite wrong to describe this as capital cost.

(Chairman.) It is only the case of equipment, of equipping, of adapting an existing house. We might put in a sentence where a building has to be erected or bought; the cost would necessarily be much greater. Would that meet you if we put that in?

(Mr. Davies.) Yes.

(Dr. Niven.) You had better make 250l., 400l., I think.

(Chairman.) It is only furnishing a building.

(Dr. Niven.) You have to adapt it.

(Dr. Bardswell.) Not much.

(Chairman.) "The following staff would be required." The heading would have to be, "Staff." "The following staff would be required, would generally be required," I think you had better put in "generally," had you not?

(Dr. Mearns Fraser.) Yes.

(Chairman.) Would "generally be required."

(Mr. Davies.) How does it read now; that section?

(Chairman.) The heading will be Staff. "The following staff would generally be required:—Medical, "Nursing, Secretarial, Dispensing."

"Medical.—This will include a whole-time Chief Tuberculosis Officer, responsible for the general conduct and administration of the dispensary. He should be a first-class clinician, with special training in tuberculosis. This officer should be independent of control by any other medical man, so far as his clinical duties are concerned. Associated with him, when necessary, should be one or more whole-time assistant tuberculosis officers, according to the size of the area served by the dispensary. It is very desirable that the services of the general practitioner be used as freely as possible in connection with the treatment of patients attending the dispensary. From the available data, it would seem that one tuberculosis officer would in all probability be required for at least every 80,000 of the population. As the scheme becomes fully developed, especially with respect to the examination of contacts, and the after care of patients subsequent to a course of treatment at the dispensary or at other institutions, it may be found necessary to have one tuberculosis officer to a smaller proportion of the population."

(Mr. Willis.) Is it necessary to put these four words in? Would it not be sufficient to say, "The following staff would be required"?

(Chairman.) Yes, take them out.

AGREED.

(Chairman.) It is proposed to take the third sentence out, and to put in, "The scope of his duties as described at section 25 of the Report."

(Mr. Willis.) May we look at 25, Sir?

(Chairman.) That is what we put in yesterday.

(Dr. Smith Whitaker.) What is proposed with regard to Section 25?

(Chairman.) The third sentence under the heading, "Medical." It is proposed that that should come out, and instead, the "Scope of his duties as described in section 25" or whatever the correct section may be.

(Mr. Willis.) It is section 25.

(Chairman.) The numbering has been altered. Is there anything else in that paragraph?

(Mr. Willis.) You keep in this, will include a whole-time, and where do you put your sentence in, after the word "dispensary"?

(Chairman.) "The officer should be independent of control" should come out, and this sentence would go in its place.

(Dr. Philip.) There is no need to make reference to number of dispensaries. That is taken out in the body of the Report.

(Chairman.) Oh yes, that is, it is a separate section; is there any other point on that section which is headed "Medical"?

(Dr. Leslie Mackenzie.) The sentence which you are substituting is the first sentence in section 25.

(Chairman.) Not the third?

(*Mr. Willis.*) In section 25 it is stated, "The Committee desire to lay emphasis upon the necessity of having suitably qualified and experienced medical men for the senior appointments in connection with the dispensaries;" is it necessary, therefore, to say he should be a first-class clinician with a special training in tuberculosis. We have practically said that in section 25,

(*Dr. Philip.*) Come out.

(*Dr. Jane Walker.*) I think the second sentence might come out with great advantage.

(*Dr. Smith Whitaker.*) The only point is whether the statement in the Appendix is not a more precise and useful statement than the one contained in section 25 and section 25 applies to both dispensary and sanatoria; it is much wider.

(*Mr. Willis.*) I do not object.

(*Chairman.*) All right, not pressed. Is there any thing else on that section?

(*Dr. McVail.*) I was out for a moment, Sir, while you were beginning the discussion of it, but in the first line the reference to tuberculosis officers of the dispensary, that should either be tuberculosis officer of the dispensary or tuberculosis officers of the dispensaries; you need the plural in both, because the assumption is, that there shall be one chief tuberculosis officer for every dispensary and not several. As it is laid down here it makes it appear as if there were several officers for one dispensary.

(*Chairman.*) Leave that to Mr. Clarke and I, because we will have to see whether it is plural or singular right through to hang with the Report.

(*Dr. McVail.*) I think it is essential from my point of view that each dispensary should have only one chief tuberculosis officer.

(*Chairman.*) It is obvious it can have only one chief.

(*Dr. McVail.*) I would rather not leave it; be good enough to change "dispensary" into "dispensaries" just now.

(*Dr. Smith Whitaker.*) I must say, if you are to alter that—I know the difficulties with regard to printing—looking through this paragraph I suggest it would not be difficult to make it singular all through; singular is very much easier.

(*Dr. McVail.*) I heartily agree.

(*Chairman.*) Then, is dispensaries plural?

(*Dr. McVail.*) No, make it the Chief Tuberculosis Officer of the dispensary; keep it singular; that is much better.

(*Chairman.*) I beg your pardon, you were looking at 25, I was looking at the Appendix.

(*Dr. McVail.*) I am sorry, Sir. Well, it is at section 25. I thought you were asking if we were finished at 25.

(*Chairman.*) Yes, yes, singular.

(*Dr. McVail.*) "Should be independent of control so far as his clinical duties."

(*Chairman.*) Yes, I beg you pardon, I was looking at the Appendix. Any other point on that paragraph; the Appendix paragraph?

(*Dr. Niven.*) It is rather important to correct it in section 25, however.

(*Chairman.*) We have done it.

(*Dr. McVail.*) That is agreed, it is to be singular all through section 25.

(*Chairman.*) Is there anything else in the Appendix on that section headed "Medical"?

(*Mr. Willis.*) May we read it?

(*Chairman.*) I will read it, "Associated with him, when necessary, should be one or more whole-time assistant tuberculosis officers, according to the size of the area served by the dispensary. It is very desirable that the services of the general practitioners be used as freely as possible in connection with the treatment of patients attending the dispensary. From the available data, it would seem that one tuberculosis officer would in all probability be required for at least every 80,000 of the population. As the scheme becomes fully developed, especially with respect to the examination of contacts and the after care of patients subsequent to a course of treatment at the dispensary or at other institutions, it may be found necessary to have one tuberculosis officer to a smaller proportion of the population." Is that agreed?

AGREED.

(*Chairman.*) I understand the suggestion is that the next section —

(*Mr. Willis.*) One moment please, may I ask what that is based on; one in 80,000; 80,000 of the population, I suppose, provides only 200 cases. I want to know how it is got at.

(*Chairman.*) Dr. Bardswell.

(*Dr. Bardswell.*) Simply on the experience of various dispensaries, based upon Paddington, Marylebone, Stepney, Bermondsey, Woolwich, Battersea, Fulham, Oxford, York, Exeter and Portsmouth.

(*Chairman.*) You say put "from the available data."

(*Dr. Bardswell.*) Yes, it is the average.

(*Dr. Newsholme.*) I must say I think that data is very dubious indeed. I think it is extremely improbable that county borough councils will afford or will need to afford a whole-time Tuberculosis Medical Officer at £500 or £600 a year and other appurtenances for a population of 80,000.

(*Dr. Niven.*) They will not do it.

(*Dr. Latham.*) One assistant for every 80,000.

(*Mr. Willis.*) Supposing you have a unit of 150,000, then you have two men there, the Chief paid at £500 or £600 a year and an assistant.

(*Dr. Latham.*) And an assistant.

(*Mr. Willis.*) But those are old-time men, and is it suggested that your 80,000 population—merely the consumptive part of it—will require the services of two?

(*Dr. Latham.*) There is an enormous amount of work to do in visiting homes.

(*Chairman.*) Is that your experience at Portsmouth?

(*Dr. Mearns Fraser.*) I have gone into this question rather fully. We had a certain amount of experience to guide us throughout the year. My own opinion is that you will require one in 60,000 the moment you have all your contracts in. This was a compromise. First of all it was suggested 1 for 100,000. It was discussed in the committee and the compromise was come to, 1 for 80,000.

(*Mr. Willis.*) That is when these officers are doing a large part of what you are doing as Medical Officer of Health under the Tuberculosis Regulations and so on, not simply for treatment.

(*Dr. Bardswell.*) Dr. Scurfield thought 1 in 100,000.

(*Dr. Newsholme.*) I quite agree with Dr. Mearns Fraser that under the organisations he has arranged for his own Borough that number should be required, but are we to commit the whole of the country to that same proportion in other towns in which we adopt other administrative methods, and at this stage I am not prepared to do so.

(*Dr. Niven.*) I think it is far in excess.

(*Dr. Mearns Fraser.*) I think it would be safer to omit the exact figures.

(*Chairman.*) Would you put 100,000, because you say, as the scheme becomes fully developed, especially with respect to the examination of contacts and the after-care of patients subsequent to a course of treatment at the dispensary or at other institutions, it may be found to have one tuberculosis officer for a similar proportion of the population, or would you omit the whole thing.

(*Dr. Newsholme.*) I think it is better to omit the whole thing at this stage. You have the main principles; you have the tuberculosis officer and you have got started, and then, after a couple of years working, we shall know where we are, but at the present moment to commit ourselves to these exact figures is most dangerous, and we shall have to retrace our steps either in the direction of appointing more officers, as Dr. Mearns Fraser suggests, or in the direction of other organisations which would involve less officers in this direction.

(*Dr. Mearns Fraser.*) I think you can leave it out quite safely. I suppose what will happen when people start dispensaries is that they will make inquiries in certain towns where dispensaries have been started and they will apportion the officers.

(*Dr. Niven.*) I do not think that is how public administration is conducted at all. You appoint your men as you find the need exists, you do not go and dump down a great organisation like this bit by bit.

(*Chairman.*) You agree to taking it out?

(*Dr. Niven.*) It should come out; it should not be here.

(*Chairman.*) From "the available data" down to the end of the paragraph should come out. It is suggested the next paragraph be left out because it has been covered in the following:—"The accommodation is generally desirable," therefore, the next, "laboratory is unnecessary"; do you agree that should come out?

(*Mr. Willis.*) You have not said anything about the intelligent youth.

(*Dr. Mearns Fraser.*) Intelligent youth comes out.

(*Dr. Newsholme.*) That is gone?

(*Chairman.*) That is gone.

(*Dr. Niven.*) After the words "carried" out.

(*Chairman.*) The whole of "Laboratory" comes out; the whole of that paragraph. The next heading then is "Nursery."

(*Dr. Niven.*) But is there no allusion to the use of the laboratory?

(*Chairman.*) Yes, there is in the paragraph we have just passed.

(*Dr. Bardswell.*) The bacteriological covers that.

(*Chairman.*) The next paragraph is headed "Nursing." There are some alterations suggested. Perhaps I had better read them out. There should, to commence with, be at least one nurse to 60,000 of the population. Gentlemen, before we go further do you say that?

(*Dr. McVail.*) Say, "to begin with."

(*Chairman.*) Yes, but I mean 1 to 60,000.

(*Dr. Niven.*) I should not say "at initiation" that, like everything else, must grow according to the requirements. I should say at least leave it at that, without "at initiation."

(*Mr. Willis.*) But is it not rather too dogmatic, the statement: we do not qualify that in any way really.

(*Dr. Newsholme.*) I suggest visiting nurses are health visitors, or health visitors should be attached to each dispensary as required, or some such phraseology as that.

(*Mr. Willis.*) I think that is much better.

(*Dr. Newsholme.*) Nurses should be on the staff of the dispensary.

(*Chairman.*) Nurses should be on the staff and then go on "these nurses should have had special training."

(*Dr. Newsholme.*) Clearly.

(*Mr. Willis.*) Then there is something in brackets.

(*Chairman.*) That comes out. The paragraph now reads, "Visiting nurses should be on the staff of the Dispensary; these nurses should have had a special training in tuberculosis work, preferably both in a sanatorium and a dispensary."

(*Dr. Latham.*) Do you say visiting nurses, Sir?

(*Chairman.*) These visiting nurses.

(*Dr. Latham.*) Why not nurses?

(*Chairman.*) Well put "nurses."

(*Dr. Mearns Fraser.*) It was objected to at the Committee. Dr. Philip really objected to it because he regards the nursing as including the public health training.

(*Dr. Philip.*) I think what we want, Sir, is a well-trained nurse.

(*Dr. Niven.*) We should give them the training; you cannot put that in. What you want is good clinical nurses; we will give them the training.

(*Chairman.*) We will give them the training. Then the next also, "or should be trained" comes out. Well, the next paragraph: "Well-trained nurses help very much in the educating of patients in the principles of sanatorium treatment, and by their periodic visits assist the general practitioner in supervising the details of home treatment." Is that paragraph agreed?

AGREED.

(*Chairman.*) Then it is suggested that the next paragraph should come out altogether.

(*Dr. Mearns Fraser.*) There is one thing in the sentence you have just read: "Well-trained nurses help very much in the educating of patients in the principles of sanatorium treatment, and by their periodic visits assist in supervising the details of home treatment." We have limited their assisting to the general practitioner; I think "general practitioner" should come out.

(*Chairman.*) Yes; do you agree that should come out?

AGREED.

(*Dr. Newsholme.*) The only objection to taking it out is this, that it assumes that possibly these same nurses would not be employed for cases domestically treated, which are not treated at the dispensary, and you will need nurses not only for the dispensary patients but for other patients, and this is segregating the dispensary treatment from the domestic treatment of other patients, and that is one of the difficulties I am thinking of all the way through.

(*Dr. Mearns Fraser.*) But we say the patients shall be treated by general practitioners as well.

(*Dr. Newsholme.*) Why should not the general practitioner's patients, from the public health point of view, have the advantage of the health visitor or nurses?

(*Dr. Smith Whitaker.*) "Assist both the dispensary officers and the medical practitioner."

(*Dr. Niven.*) "And by their periodic visits."

(*Dr. Smith Whitaker.*) "And by their periodic visits assist both the dispensary officers and the general practitioners in supervising the details of home treatment."

(*Dr. Leslie Mackenzie.*) "Assist both the general practitioner and the tuberculosis officer."

(*Chairman.*) I see; otherwise it stands. Then the next paragraph; it is suggested that that should be transferred to the rural section which follows; we are now dealing with urban. Is that agreed?

AGREED.

(*Mr. Willis.*) We will consider the details when we come to it.

(*Chairman.*) Yes; will you remind me where it is proposed to put it in?

(*Dr. Bardswell.*) Yes, certainly.

(*Chairman.*) Then the next paragraph, "voluntary nursing associations might be utilised." Is it necessary to give these last examples; why not put "voluntary nursing associations might be utilised."

(*Dr. Paterson.*) I should say "approved voluntary nursing associations should be utilised"; "approved" and "should."

(*Mr. Willis.*) Not "should."

(*Dr. Paterson.*) Then you need not approve of them.

(*Dr. Niven.*) I doubt whether that is a wise thing to put in; you wish to establish a distinct co-ordinate system. If you put in so strongly as that, "that you should go to existing associations," you would destroy—

(*Chairman.*) You would agree to leave it "might."

(*Dr. Niven.*) Yes.

(*Dr. Smith Whitaker.*) I have another verbal point, "district and other voluntary nursing associations might be utilised," to use the word "district," because there has been a great deal of parliamentary pressure for fear they should be overlooked. If you use the word "district" it brings home to everybody's mind what you mean.

(*Chairman.*) Is it your wish that the words "approved district" and "other voluntary" go in?

AGREED.

(*Dr. Latham.*) Then you would cut out the names. Do you not think it would be better to cut out the names?

(*Dr. Smith Whitaker.*) Cut out the names because they are covered.

(*Mr. Willis.*) What do you mean by saying "approved"; approved by whom?

(*Dr. Paterson.*) The Sanatoria Authorities.

(*Mr. Willis.*) They will not utilise them if they do not approve of them.

(*Dr. Latham.*) I do not think it is necessary; it rather casts a slur on the associations.

(*Chairman.*) They will not be used unless they are necessary.

(*Dr. Smith Whitaker.*) I do not press it.

(*Chairman.*) "Well-trained nurses help very much in the educating of patients in the principles of sanatorium methods." Is that agreed?

(*Mr. Willis.*) Do we want that because we have already said nurses should have special training.

(*Chairman.*) That is really unnecessary; that is covered already.

(*Dr. Niven.*) They cannot get them.

(*Chairman.*) Then the next section is "Secretarial."

(*Dr. Willis.*) I should omit that, I think.

(*Chairman.*) It is proposed to omit the section headed "Secretarial"; is it agreed that it should be omitted?

(*Mr. Stafford.*) Yes.

AGREED.

(*Dr. Leslie Mackenzie.*) Excuse me going back on the "District and Voluntary Nursing"; do you include anything about their being trained in—

(*Chairman.*) No, it reads "District and Voluntary Nursing Associations might be utilised."

(*Dr. Niven.*) Why do you omit "Secretarial"?

(*Chairman.*) I have asked the Committee whether they want to omit it or not.

(*Dr. Niven.*) On what grounds is it proposed to omit it?

(*Dr. Philip.*) Do you think it is unnecessary; I am surprised.

(*Dr. Niven.*) It is certainly the most necessary thing of the whole lot.

(*Chairman.*) Mr. Willis does not approve that; it stays in.

(*Dr. Latham.*) It says that the nurse should have had special training in tuberculosis work preferably both in a Sanatorium and a Dispensary. I think that is too definite, because there are not a hundred nurses in the kingdom who have had that training; I should rather say, "It is an advantage that the nurse has."

(*Dr. Niven.*) I thought that had been cut out.

(*Chairman.*) No; it is we think that these nurses should have had special training.

(*Dr. Latham.*) Just make it a little more general.

(*Dr. Leslie Mackenzie.*) I presume you will make provision for training nurses in this special work; they might begin as probationers.

(*Dr. Latham.*) This is the only way you will train them.

(*Dr. Leslie Mackenzie.*) You must not therefore pre-suppose full training.

(*Chairman.*) "It is an advantage that the nurse should have had special training in tuberculosis work," and finish it there.

AGREED.

(*Chairman.*) Then the next paragraph is headed "Dispensing."

(*Dr. Paterson.*) Under the heading of "Secretarial" one does get "under the direction of the Medical Officer." Who else would it be under?

(*Dr. Smith Whitaker.*) There are less controversial questions if we leave it out, sir.

(*Dr. Paterson.*) And also what sized Dispensary is to have a secretary; I have seen one at Portsmouth, but I did not see a secretary.

(*Chairman.*) Would you say why you think it should stay in?

(*Dr. Philip.*) Well, if the Dispensary is of any size, doing any work, it seems essential that the records be kept with care.

(*Chairman.*) Dr. Niven wants it to go in.

(*Dr. Niven.*) Certainly.

(*Dr. Newsholme.*) I think it is an unnecessary detail. As a rule the Health Visitor or Nurse will keep such records as are needed by the Medical Officer of the Dispensary. I should omit that in "Dispensing" afterwards, which, to my mind, is an unnecessary detail.

(*Dr. Mearns Fraser.*) I do not think it is at all unnecessary; judging by experience you have a very large amount of correspondence to carry on with the medical men in the town whose patients have been sent to the Dispensary. It is a way of keeping in touch with them.

(*Dr. Newsholme.*) I do not press it.

(*Chairman.*) You do not press it; it stays in. Would you put out "under the directions of the Medical Officer," because that is obvious?

AGREED.

(*Dr. Newsholme.*) Of course you could put it in the larger dispensaries; that would make the situation plain.

(*Chairman.*) Is there anything on "Dispensing"?

(*Dr. Latham.*) If you accept Dr. Niven's suggestion, "in large dispensaries."

(*Dr. Niven.*) It says so "in the larger centres."

(*Dr. Mearns Fraser.*) It says a clerk may be provided.

(*Chairman.*) Is that section agreed to?

AGREED.

(*Chairman.*) Caretaker.

(*Mr. Willis.*) Do we mean by a "clerk" what we called previously "Secretarial"?

(*Dr. Leslie Mackenzie.*) I do not think it is a very happy suggestion to talk of "clerical dispensing work." If a place is big enough to need a dispenser, it is also big enough to need a clerk independently.

(*Dr. Mearns Fraser.*) That does not follow. In a smaller place you might find a man who would do the work of both. On going back with that paragraph I would be rather inclined to take out the words "secretary" and put "clerk."

(*Dr. Leslie Mackenzie.*) Is it not a waste of material to have a qualified dispenser doing clerical work?

(*Dr. Mearns Fraser.*) A secretary has a much bigger salary than a clerk.

(*Dr. Niven.*) You say you only ask for a clerk, but you put "Secretarial" to indicate what is the character of his duties. There is no question at all. Dr. Philip is perfectly right about that; it is most necessary

(*Dr. Leslie Mackenzie.*) I think it is waste of material to have a qualified dispenser who is on the Pharmaceutical Society's register acting as a clerk.

(*Dr. Philip.*) As a matter of fact you can get him cheaper than a clerk.

(*Dr. Leslie Mackenzie.*) I do not mind in the least, but I think the pharmaceutical people would object.

(*Chairman.*) The caretaker section.

(*Mr. Willis.*) I think we are getting down to rather too great a detail.

(*Chairman.*) If you think that, we will strike it out. The next is headed "Maintenance," the other was "Cost." The principal tuberculosis officer should receive a salary of 500*l.* to 600*l.* I think, following the principle we adopted in the sanatoria, the assistants ought to come out. If you name a salary, we have to do it here to hang with the sanatoria; name the chief and not the assistants.

(*Mr. Davies.*) I wish most strongly to protest against this, as I did yesterday in connection with the sanatoria. I absolutely disagree with the whole principle of putting in these salaries, and as far as I am concerned, I should like to register a vote against the whole principle of the thing, and as the gentleman who objected to the recommendation in the previous paragraph of the Report by voting against it. But I object entirely to the whole principle of the thing, and I think that we are trying to dictate to the local authorities in a way which they will resent especially as coming from this Committee.

(*Mr. Willis.*) I was going to suggest that we settled yesterday very carefully a guarded paragraph about the salary of the sanatorium officer, and if we drafted something on those same guarded lines here it might meet it.

(*Dr. Philip.*) Would you read what we did settle?

(*Mr. Willis.*) Yes, as regards sanatorium officers, page 14: "The salary should be such as to secure men possessing the requisite ability. It must be remembered that the proper performance of their duties requires high and varied qualifications, and the Committee are of opinion that in order to attract the right type of men the medical superintendent should usually be offered a salary of not less than 500*l.* a year with house, with prospects of a rise." Now, some such words would seem less open to objection than the very dogmatic statement here, that the principal tuberculosis officer should receive a salary of 500*l.* to 600*l.* a year.

(*Chairman.*) Does the Committee have any objection to repeating the words practically?

(*Dr. Smith Whitaker.*) Transfer it from a recommendation to a forecast. Instead of saying "the medical superintendent should usually be offered" say "it would usually be found necessary to offer."

(*Chairman.*) Where are you?

(*Dr. Smith Whitaker.*) On page 14. "It will usually be found necessary to offer," that is to say, this Committee, from their knowledge, believe that that is what the local authorities will find. I am now on the third proof, page 14. Well, it does not amount to a recommendation.

(*Chairman.*) Would you mind saying again what it is?

(*Dr. Smith Whitaker.*) "The Committee are of opinion that in order to attract the right type of men as medical superintendents it will usually be found necessary to offer." This, I think, will remove entirely any element of dictation to local authorities; we are merely making, as we have a right to do, a forecast on a matter of fact.

(*Dr. Mearns Fraser.*) Yes, I think it better to put that, because local authorities will at once take it up; we will have the best and follow the advice of the Committee.

(*Chairman.*) Now, does that meet your point, Mr. Davies? It now reads: "It must be remembered that the proper performance of their duties requires high and varied qualifications, and the Committee are of opinion that in order to attract the right type of men as medical superintendents it will usually be found necessary to offer a salary of not less than 500*l.* a year."

(*Mr. Davies.*) I accept that.

(*Chairman.*) You accept that; we will draft a paragraph practically in the same words, merely adapting it to the dispensary instead of to the sanatorium.

(*Dr. Latham.*) You do not give the dispensary officer a house.

(*Chairman.*) No, that is what I mean.

(*Dr. Niven.*) Would you say to 600*l.*

(*Chairman.*) Yes, 500*l.*

(*Dr. Mearns Fraser.*) That does not give the maximum at all.

(*Chairman.*) No, the minimum.

(*Mr. Davies.*) Could Dr. Mearns Fraser tell us what he pays his man in Portsmouth?

(*Dr. Mearns Fraser.*) Three hundred pounds.

(*Mr. Davies.*) And could he tell us whether he considers the officer to be a thoroughly satisfactory person?

(*Dr. Mearns Fraser.*) Yes, quite.

(*Mr. Davies.*) At 300*l.*

(*Dr. Mearns Fraser.*) At 300*l.*, but I think she ought to have 500*l.*

(*Mr. Davies.*) But he is getting 300*l.*

(*Chairman.*) Would you put in "the salaries of the rest of the staff would depend on local circumstances," that includes clerical, medical, and everything else.

AGREED.

(*Chairman.*) "In addition to salaries," the heading of this paragraph is maintenance, "the chief items of expenditure will be (1) drugs, including tuberculin; (2) the travelling expenses of the visiting staff; (3) stationery," &c.

(*Dr. Paterson.*) (4) Motor bicycles.

(*Chairman.*) Well, this is urban.

(*Dr. Niven.*) Would you say, "some of the chief items of expenditure," so as to avoid contingencies which we have not thought of.

(*Chairman.*) Yes; "from available data it would seem that the cost of running a dispensary serving an urban population of some 200,000 works out on an average at about 500*l.* per annum, exclusive of the sum paid as salary to the medical staff"; is that accepted?

(*Dr. Mearns Fraser.*) I would be inclined to take that out, sir. I think we have not got quite any sufficient data to go on serving populations. I can give you what it costs at Portsmouth, but we should have far bigger cost, because when we have got all the insured coming in.

(*Dr. Newsholme.*) I am glad that Dr. Fraser agrees to take that out, because the cost will obviously differ

according to the particular organisation in the special town.

(*Chairman.*) Is it your wish that this should come out, or do you think it ought to stay in?

(*Dr. Niven.*) It varies so enormously; a big place like Glasgow and a place like Manchester; it will cost three times as much in Manchester.

(*Chairman.*) Take it out.

AGREED.

(*Chairman.*) We now come to "Rural Dispensaries." The problem presented by the rural districts is very different from that of the urban centres, and the solution of the problem will depend on the degree of success with which the foregoing general principles can be applied and put into practice. Many rural districts are served by a town of some considerable size. In other rural districts the population is distributed over a large number of small and widely scattered villages which are difficult of access and cut off from ready communication with any large centre." Does that stand?

(*Dr. Smith Whitaker.*) On two verbal points; "problem" might come out; it is obvious that is what it means from the "applied and put into practice."

(*Chairman.*) Omit "and put into practice," that is right.

(*Mr. Willis.*) What are "the foregoing general principles." To what do we refer? Everything in the Report, because what is in this Appendix does not lay down any principles at all; it deals with salaries and that sort of thing.

(*Dr. Newsholme.*) I would suggest to substitute "with which the work of the dispensary can be applied."

(*Mr. Willis.*) "Will depend on the degree of success with which the foregoing general principles"; but I do not know what we refer to by "with which the foregoing general principles."

(*Dr. Smith Whitaker.*) Why not say "schemes."

(*Dr. Latham.*) It came in originally immediately after the statement what the dispensary was.

(*Mr. Willis.*) It meant something.

(*Chairman.*) "With which the general functions of the dispensary can be applied"; is that what you mean?

(*Dr. Bardswell.*) Yes, that is right.

(*Dr. Smith Whitaker.*) "Scheme of administration," I thought.

(*Dr. Niven.*) Yes, I think "the scheme."

(*Dr. Latham.*) I should say "the general scheme."

(*Dr. Niven.*) "The general scheme can be applied."

(*Dr. Smith Whitaker.*) Would you not say "the foregoing scheme of administration."

(*Chairman.*) "The foregoing general scheme of administration."

(*Dr. Niven.*) Yes, that is it.

(*Dr. Latham.*) Need you say "foregoing," sir?

(*Chairman.*) Yes, take it out then. It would now read: "The problem presented by the rural districts is very different from that of the urban centres, and the solution will depend on the degree of success with which the general scheme of administration can be applied."

(*Mr. Willis.*) "The general scheme already described," would you say?

(*Chairman.*) Oh, it is not necessary, I think. Is that paragraph passed otherwise?

(*Dr. Smith Whitaker.*) May we leave it. I am sure, on consideration, you and Mr. Clarke will have no difficulty. I am sure "solution" and "degree of success" are not the words really here; it is difficult to say what should be the words, and it may be necessary to depart in details from the scheme of administration already described. But one cannot think of the exact phrase now. We are all agreed in principle.

(*Dr. Niven.*) Why not put "completeness" instead of "success"?

(*Dr. Smith Whitaker.*) Yes, I do not like "solution" either, quite.

(*Chairman.*) What are your general words?

(*Dr. Smith Whitaker.*) "Depart in detail from the general scheme of administration already described."

(*Dr. Niven.*) "Solution" is a very good word to apply to "problem."

(*Dr. Smith Whitaker.*) Oh, yes, it is.

(*Dr. Leslie Mackenzie.*) I think what Dr. Smith Whitaker says comes quite nicely on to the first part of the sentence.

(*Chairman.*) Then, gentlemen, if you will leave it to us we will try to fit that in. Then the next paragraph: "In the rural districts served by a small town, it is best to establish a central dispensary in this town, and in addition to organise branch dispensaries in certain of the larger villages in the surrounding rural area."

(*Mr. Willis.*) In country towns if you see a person going into a tuberculosis dispensary he would be known everywhere as a consumptive and looked upon as a leper. That does not obtain much in big towns, but in country towns, I am told, it does obtain very largely, and this idea of having a tuberculosis dispensary in a market town will not be popular; you will not get people to go.

(*Dr. Mearns Fraser.*) In answer to Mr. Willis, I may say we started in a small country town of 2,000 people, and they have had, with two exceptions, every tuberculous person in that town attending the dispensary. In addition to that, they have the people from the neighbouring villages round about who came into that dispensary.

(*Chairman.*) What did you find in Oxfordshire?

(*Dr. Bardswell.*) The work is increasing. There is one at Thame and one at Witney; they are starting another one down at Banbury.

(*Mr. Willis.*) Do you not find the people are regarded as lepers?

(*Dr. Bardswell.*) No; we do not find that.

(*Dr. Latham.*) Undoubtedly it will be unpopular in many districts, but it will gradually wear down. A very practical educational feature, and you will find that wherever a centre of that kind is established gradually year by year the radius will increase.

(*Dr. Newsholme.*) The special case I was thinking of was there attending on market day.

(*Chairman.*) That is to be taken out.

(*Dr. Niven.*) I should like to understand what these branch dispensaries in villages mean. Does it mean that there is some practitioner in the village who will have these dispensaries, or is it some officer to be employed under this scheme of administration? It really is quite necessary to be quite clear about this. Is this to be done under an officer under this scheme of administration, or is it to be done by a local practitioner in the village, because in those small rural areas you are really going —

(*Chairman.*) If I may say so, there is the sentence, "these dispensaries will be visited by the staff of the Central Dispensary on stated days." Omit "such as on market days."

(*Dr. Niven.*) You cannot visit all the small villages in a big rural area; the thing is impracticable.

(*Dr. Leslie Mackenzie.*) On pages 12 and 13 there was a paragraph we went over yesterday.

(*Chairman.*) We cut it out there.

(*Dr. Niven.*) I really think this is quite unnecessary.

(*Dr. Mearns Fraser.*) If Dr. Niven would read the memoranda he will find that many county medical officers recommended this very scheme.

(*Dr. Niven.*) I have read it carefully, especially the one recommendation with regard to Oxfordshire. I quite recognise that it is very carefully drafted, but I do not think we ought to recommend.

(*Chairman.*) You mean to say these last two paragraphs ought to come out? The other has already been passed and accepted.

(*Dr. Smith Whitaker.*) I am rather inclined to agree with Dr. Leslie Mackenzie; it puts it happier.

(*Chairman.*) Yesterday we accepted section 19. The last part of section 19 practically covers these points, and I would suggest we take out these two paragraphs. The central dispensary of the town would be of a similar character, and the one below, "when the rural area is sparsely inhabited," take those out and substitute the section which we accepted yesterday, which covers the same point, the phraseology of which has been passed by the Committee.

(*Dr. Mearns Fraser.*) Well, you take out "by attendance on market days"; I do not think it is the best

thing to associate that going to market on stated days.

(*Dr. Bardswell*.) It is unnecessary, I think, "on market days."

(*Chairman*.) Well, "on market days" be taken out.

(*Dr. Latham*.) They do it on market days; you need not state it.

(*Dr. Smith Whitaker*.) Oh, no; "in the rural districts served by a small town"; I think you want to take three paragraphs out, not two.

(*Chairman*.) Now we come to cost of rural dispensaries, "Capital—As previously stated, most rural areas will probably be served by a main dispensary situated in the most convenient available town, associated with branch dispensaries in different parts of the area."

(*Mr. Willis*.) We are going to omit that beginning "the capital outlay" by omitting those three paragraphs just before.

(*Chairman*.) We substitute section 19, the end of section 19 passed yesterday, which took it out there and put it in here: "The capital outlay required for the main dispensary will be similar to that required for the urban dispensaries, the necessary accommodation being the same in both cases; a very small sum should be required for the establishment and equipment of each branch dispensary." Then it is proposed to take out the next sentence, "for example, two such branch dispensaries"; not give the figures. Then keep in the next sentence, "the sputum examinations of patients attending the branch dispensaries will be made at the main dispensary."

(*Dr. Latham*.) I should say "will generally be made."

(*Chairman*.) "Will generally." Then it is suggested to take out the next sentence, but to go on, "in most rural areas there will be need for several branch dispensaries, but it would seem that the sum of 100*l.* will be sufficient for each rural area for capital outlay, on this head." That meets the figures that we agreed, that an existing building could be adapted in a town for 250*l.*, that in rural areas probably the adaptation of a dispensary unit would be 350*l.*

(*Mr. Willis*.) Does this 100*l.* mean for each branch dispensary?

(*Chairman*.) No, the total for the unit.

(*Dr. Latham*.) Because in many cases it would be one room.

(*Chairman*.) The various branch dispensaries all put together. Is that paragraph accepted?

AGREED.

(*Chairman*.) "Maintenance"; the cost of maintenance of a rural dispensary with its branches appears to be very similar to the cost of maintenance of an urban dispensary. The annual expenditure on each branch should be quite a small sum; the chief items being the travelling expenses of the visiting staff from the main dispensary and the cost of drugs including tuberculin.

(*Dr. Paterson*.) And motor bike.

(*Chairman*.) Well, that is travelling expenses.

(*Dr. Paterson*.) Right.

(*Chairman*.) Is that accepted?

(*Mr. Willis*.) We have not any maintenance under the "urban," have we, sir?

(*Dr. Mearns Fraser*.) Yes, under cost.

(*Chairman*.) Yes, we have got it as substituted for the cost. Now the heading is "cost" instead of that heading "maintenance"; is that paragraph accepted, gentlemen?

AGREED.

(*Chairman*.) The Care-Committee section has been re-written. If the Committee will listen I will read out slowly the revised paragraph.

(*Mr. Willis*.) Before you leave the dispensary section, sir; where have we got the salaries of the people in the rural dispensaries; the salaries as to the other people?

(*Dr. Bardswell*.) The cost of maintenance is very similar to the urban we say.

(*Dr. Mearns Fraser*.) If you put in the "cost of maintenance," "salaries," it would be all right.

(*Dr. Bardswell*.) A. 27.

(*Dr. Mearns Fraser.*) If you put in the salaries, cost of maintenance of a rural dispensary?

(*Mr. Willis.*) Yes.

(*Dr. Latham.*) Our idea was, it was the same in each case.

(*Mr. Willis.*) That is what I have assumed.

(*Dr. Latham.*) But it ought to be mentioned in both headings.

(*Chairman.*) Do you not want to emphasise the fact that in the rural area travelling will be much more expensive.

(*Dr. Bardswell.*) We put that first, "the chief item " being travelling expenses"; it is the first thing mentioned.

(*Dr. Latham.*) You put it in the previous sentence; you say, "the salaries of the officers and the cost of " maintenance."

(*Mr. Willis.*) Why do you say the annual expenditure on each branch will be quite a small sum; it will be about the same sum; you are to spend about 700*l.* a year on salaries in a rural district.

(*Dr. Bardswell.*) There would be only one room or two rooms hired, rates and taxes, coal and light will be very much less.

(*Mr. Willis.*) Under this heading of "maintenance," sir, it is proposed to include salaries as well, and the salaries are to be the same in rural districts as in urban, as I understand, and then you go on, the annual expenditure on each branch will be quite a small sum.

(*Dr. Jane Walker.*) Would you not say in addition to this?

(*Mr. Willis.*) The annual expenditure apart from salaries.

(*Chairman.*) You mean the annual expenditure apart from salaries.

(*Mr. Willis.*) "The chief items being the travelling " expenses of the visiting staff."

(*Dr. Leslie Mackenzie.*) Are we taking it for granted the salaries are the same?

(*Chairman.*) You say the salaries and cost of maintenance of a rural dispensary appears to be very small; the additional expenditure on each subsection is quite a small sum, the chief items being the travelling expenses of the visiting staff.

(*Mr. Willis.*) Would it not be better to omit that altogether, the annual expenditure?

(*Chairman.*) It is now substituted the "additional" instead of "annual."

(*Mr. Willis.*) Why not omit it? What do you gain by it?

(*Chairman.*) Merely travelling expenses are considerable in the rural area, and practically negligible in an urban.

(*Mr. Willis.*) It is practically drafting. I do not know why you charge travelling expenses to branches.

(*Dr. Mearns Fraser.*) That ought to be under the main dispensary.

(*Mr. Willis.*) It seems to me you gain nothing by putting it in.

(*Chairman.*) Would your point be met: "The cost " of salaries and of the maintenance of a rural maintenance unit"; that is the question we are now on, and I think that will make it clearer, "of a rural " dispensary unit."

(*Mr. Willis.*) If you begin your sentence like that, under "maintenance," and then go on to say that the main difference will be that in rural areas a considerable sum will be necessary for travelling; simply that.

(*Dr. Bardswell.*) Yes; that will cover it.

(*Dr. Latham.*) Put simply at the end of the first sentence, "but provision must be made for extra " travelling expenses."

(*Chairman.*) We are to try and re-draft it. We will try and fill in the general sense. "Care Committees" has been re-written; I will read it to the Committee slowly, "the effectiveness of the work of " the dispensary can be greatly increased by the " organisation of voluntary Care Committees formed " of representatives of the local Health Committees, " the Boards of Guardians, and from all charitable " and social work organisations of the district. In " this way all available agencies can be linked up with " the dispensary, and any extra assistance such as

" additional food, change of air, clothing, better home conditions, more suitable occupations, &c., which may be needed to enable patients to benefit to the fullest extent by the treatment provided, is very often readily secured. The secretary of the Care Committee may conveniently be a member of the dispensary staff, and the medical officer of the dispensary could attend the meetings of the Committee to advise its members as to the particular form of assistance necessary for each individual patient."

(*Dr. Newsholme.*) "The effectiveness of the work of the dispensary can be greatly increased by the organisation of voluntary Care Committees formed of representatives of local Health Committees." What does that mean? You mean Insurance Committee?

(*Dr. Mearns Fraser.*) No, the Health Committee.

(*Dr. Newsholme.*) But what are they? I do not know what they are. The local Sanitary Committee, do you mean?

(*Dr. Mearns Fraser.*) The Local Sanitary Committee.

(*Chairman.*) There again there may be no such thing.

(*Dr. Mearns Fraser.*) The Local Health Authority.

(*Chairman.*) The Local Health Authority.

(*Dr. Newsholme.*) "The Local Sanitary Authority" is the proper name.

(*Mr. Willis.*) I would say "the Local Authority," which is a more general phrase.

(*Chairman.*) The Board of Guardians, and from all charitable and social work Organisations in the District; is that passed?

(*Dr. Smith Whitaker.*) Well, what about the Insurance Committee? Do you think you are to constitute a body of this kind to deal with Tuberculosis and carefully leave the Insurance Committee out?

(*Chairman.*) I will put "Insurance Committees."

(*Dr. Jane Walker.*) How would the Board of Guardians come in there then?

(*Chairman.*) Well, does it stand as now altered. The next sentence: is "In this way all available Agencies can be linked up with the Dispensary, and any extra assistance such as additional food, change of air, clothing, better home conditions, more suitable occupations, &c., that may be needed to enable patients to benefit to the fullest extent from the treatment provided may often thus be readily secured."

(*Dr. Leslie Mackenzie.*) What is the purpose of including Boards of Guardians, Mr. Chairman, where Poor Law is specifically excluded by Section 16; I am not against it?

(*Dr. Mearns Fraser.*) This Dispensary is not simply dealing with insured patients; it is dealing with the whole of the people in the district, and we find that by having a member of the Board of Guardians on the Care Committee we can readily secure the patient the extra food required. That is the reason.

(*Chairman.*) Is the next sentence passed?

(*Mr. Willis.*) Might I say: "In this way all available agencies can be linked up and any extra assistance"; you see the effect of the work with the Dispensary can be greatly increased. I suggest that simply for this reason, that it leaves it open.

(*Chairman.*) And any extra assistance be given.

(*Mr. Willis.*) Simply in this way, "All available agencies can be linked up as any extra assistance," leaving out the words, "with the dispensary there."

(*Chairman.*) "And any extra assistance may be given"?

(*Mr. Willis.*) "And any extra assistance that may be needed, such as change of food, change of air," and so on.

(*Chairman.*) Knock out "with the Dispensary," and the rests stands; is that agreed to?

AGREED.

(*Chairman.*) Then the next sentence is: "The Secretary of the Care Committee may conveniently be a member of the Dispensary Staff, and the Medical Officer of the Dispensary should attend the meetings of the Committee to advise its members as

" to the particular form of assistance necessary for each individual patient."

(*Dr. Latham.*) I should say "Chief Tuberculosis Officer," sir.

(*Chairman.*) Otherwise is it agreed to?

AGREED.

(*Chairman.*) Well, then, the next sentence you have before you.

(*Mr. Willis.*) Would you not rather say, "And it is desirable that the Chief Tuberculosis Officer should attend," rather than be quite so dogmatic.

(*Chairman.*) Yes, all right. The next sentence then is: "In connection with Dispensary working in rural districts it is found of assistance to have a system of voluntary correspondents who report from time to time with regard to patients in the several districts served by the Dispensary." Is that agreed to?

(*Dr. Newsholme.*) I raised the point there, sir, that you have to consider the wishes of these patients. They very often do not wish the fact that they are suffering from Tuberculosis to be known to voluntary visitors, and there we are assuming that we can on a fairly large scale give information about these cases of pulmonary tuberculosis to voluntary visitors without first asking the consent of the patient to that step. It is indispensable in my opinion that patients should not have such information given about them until their consent has first been obtained.

(*Chairman.*) Would your point be met if I were to put in: "In connection with Dispensary working in the rural districts it is found of assistance where the patients are willing to have a system of voluntary correspondents who report from time to time with regard to patients in the several Districts served by the Dispensary."

(*Dr. Newsholme.*) That would meet my point entirely.

(*Chairman.*) Is that agreed to then?

AGREED.

(*Chairman.*) Well then, gentlemen, we might go back to where we left off yesterday.

(*Mr. Davies.*) One moment; what about Dr. Smith Whitaker?

(*Chairman.*) Would you now mind reading out the summary which you proposed should come in here?

(*Dr. Smith Whitaker.*) At the end of the Dispensaries?

(*Chairman.*) Yes.

(*Dr. Smith Whitaker.*) On reviewing as a whole the foregoing description of the proposed constitution and working of the tuberculosis dispensary and its position in the general scheme of provision for the treatment of tuberculosis; and here, sir, I propose to alter a word there from what we had, so as to make it run more easily with the rest of the Report: "The Committee desire to emphasise again the fact that the 'dispensary,' as herein contemplated, is essentially not a building but an organism. The Committee have advisedly so framed their suggestions under this head as to be capable of the widest application to the varying local conditions to which it will be necessary to have regard. The essential element which must always be present is the chief tuberculosis officer, appointed by the local authority, standing in such relation to the Medical Officer of Health and the general schemes of public health administration as may be defined by the regulations of the local authority, acting as expert adviser to the local authority and Insurance Committee in matters of diagnosis and treatment, controlling, supervising, or acting in consultation with, as circumstances may determine, the whole-time subordinate medical officers and private medical practitioners, by whom treatment is given, and himself treating cases for which special skill and experience are required."

(*Dr. Latham.*) Do you use the word "organism" or "organisation"?

(*Dr. Smith Whitaker.*) "Organism."

(*Mr. Willis.*) I like the word "organism" there.

(*Dr. Smith Whitaker.*) Dr. McVail and I discussed "organism" and "organisation," and I believe from the strict point of view "organism" is the correct word here.

(*Dr. Latham.*) From the point of view of the man in the street.

(*Dr. Smith Whitaker.*) Yes, I know.

(*Dr. Paterson.*) Tuberculosis officers are called microbes.

(*Mr. Davies.*) That is dealt with in clause 35 on page 19, where the Committee have already laid down the way in which these tuberculosis officers are to be appointed.

(*The Secretary.*) It is duplication rather.

(*Chairman.*) Mr. Clarke has written an introductory sentence or two to the constitution of the dispensary: "In making the observations which follow as to the constitution of the dispensary, the Committee do not wish to be understood to be laying down hard-and-fast lines. It should be borne in mind that the one essential is a skilled tuberculosis officer, with capacity for organisation. The Committee recognise that in many instances the local conditions will render the proposed accommodation unnecessary." Is that agreed to by the Committee?

AGREED.

(*Chairman.*) Now, Mr. Davies, have you agreed with Mr. Willis?

(*Mr. Willis.*) Well, I do not think he will press that, but I think Mr. Davies will like, in the section later on, where it mentions certain parts of this Report not necessarily applying to Wales, that this section shall also be mentioned. You remember yesterday we agreed to say that paragraphs 31 and 35 should not necessarily apply; all the details should not apply to Wales.

(*The Secretary.*) I put this paragraph in to meet you.

(*Chairman.*) The Committee consider, therefore, that all the recommendations 31 to 35 need not apply to Wales, and we will add in this 19, I think it is. Now, gentlemen, we come to Finance, and I would point out that several of the figures have had to be altered owing to an alteration in the second unit in the number of sanatorium beds required, yesterday. We are now on section 40 of the second Government proof, or else section 39 of the new Government proof, the third one which came to-day.

(*Dr. Mearns Fraser.*) When you have finished, will you remember I wanted to draw attention to Appendix A. in some respects?

(*Dr. Newsholme.*) If these alterations are consequential on the unit we need not go over them.

(*Chairman.*) I just wanted to realise the alterations; I wanted to realise what a difference it does make. On the first paragraph is there any point that anybody wants to make? The first paragraph on the new 39, or the general introduction to Finance before the heading "Tuberculosis." I think that that would be pretty generally accepted, section 39. Then the heading "Tuberculosis Dispensaries"?

(*Dr. Bardswell.*) You want the word in.

(*Chairman.*) We notice that instead of saying "as stated in the Appendix" we will say "as previously stated."

(*Dr. Newsholme.*) Under the first sentence under "Tuberculosis Dispensaries" I am under the impression that Dr. McVail suggested a form of words, which was agreed to by the Committee, after the word "dispensaries" 225 to 300 dispensaries, or the alternative equivalent staff. That does not seem to be in. I think it is very important.

(*Chairman.*) Shall we say "Dispensary units"?

(*Dr. Newsholme.*) Page 24 of the third proof.

(*Chairman.*) May I suggest we say "from 225 to 300 dispensary units will be"—

(*Dr. Newsholme.*) I am sorry to appear pernicketty on that point, but it did relieve very much my own feelings in the matter.

(*Chairman.*) "Or their equivalent" you mean?

(*Dr. Newsholme.*) By having these words "or their equivalent." I confess I attach much importance to that alteration.

(*Dr. McVail.*) Yes, that was agreed to, "or their equivalent staff."

(*Dr. Mearns Fraser.*) "As stated, an existing building should, as a general rule, be adapted for a dispensary, and the Committee think on an average."

(*Chairman.*) We are now dealing with finance; we

are just stating the reasons on which we passed our financial arrangements that follow.

(*Dr. Mearns Fraser.*) We do not state that it should be 225 to 250, but that it should be 250.

(*Chairman.*) 350*l.* the rural.

(*Mr. Willis.*) I am under the impression we only mentioned one figure.

(*Chairman.*) We said it was 100 more.

(*Dr. Mearns Fraser.*) Take out the average.

(*Chairman.*) Should be from 250 to 300.

(*Mr. Willis.*) Pardon me, Mr. Chairman, in this Appendix that we have passed, it says about the urban places that it will be 250; there is one figure mentioned, "cost not more than 250." As regards the rural, I expressly asked whether that 100*l.* covered the whole cost of the rural unit, and I was told it did.

(*Dr. Latham.*) Sub-centres; it is in addition to the chief centre.

(*Chairman.*) Would be sufficient in addition then; "An additional sum of 100*l.*"; that would make it quite clear.

(*Mr. Willis.*) I was certainly under the impression from the answer got that 100*l.* covered the rural dispensary.

(*Dr. Mearns Fraser.*) No, 250*l.* for the chief centre.

(*Chairman.*) That meets your point, "an additional sum of 100*l.*" The first figure 7,500 now should be 5,000. That is consequential on what we agreed to yesterday. This 6,000 should be changed to 9,000. Then after "United Kingdom in addition to" should be changed to "including." The paragraph would then read: "On the basis of the provision of one bed for every 5,000 inhabitants some 9,000 beds will probably be necessary at the outset for the United Kingdom, including such existing sanatorium beds as may be suitable and available." That is merely consequential on what we passed yesterday. Then I would modify the next paragraph: "The cost of additional accommodation necessary may probably be estimated at 150*l.* per bed on an average, including the cost of the land and of the administrative section." That is merely consequential again. Well, then, I think the next section, "Hospital beds," will be agreed to. I think we discussed that very fully. Is there any other point, no.

AGREED.

(*Chairman.*) Well, the next section, I think, should read as follows: "Beds for non-pulmonary forms of tuberculosis" instead of "for surgical and other." And then the next sentence would again be changed. Then I think the next, "Children," would probably read better as follows: "The Committee propose to recommend in the Final Report that a definite sum, &c." instead of the wording as it is.

(*Dr. Leslie Mackenzie.*) Excuse me, sir, all this covers the three kingdoms, does it not; both Scotland and Ireland?

(*Chairman.*) Yes; would you like us to make it clearer?

(*Dr. Leslie Mackenzie.*) The only point is, we have said nothing in the Scotch section about children.

(*Chairman.*) Shall I put "Finance for the United Kingdom"?

(*Dr. Leslie Mackenzie.*) I think so. In the English section there is "children," and in the Irish section there is "children."

(*Chairman.*) Now, this next section I have had to re-write. If the Committee will follow me: "That with a view to encouraging the early provision and equipment of Tuberculosis Dispensaries, the Treasury should make capital grants up to four-fifths of the amount required, providing that this sum does not exceed an average of 1*l.* per 750 of the population, or an average of 240*l.* per dispensary." That 240*l.* is necessary to fit in with our basis, namely, from 250 to 350. The 200 was not accurate.

(*Mr. Willis.*) Is it not more correct to say "the Local Government Board." The Act says the money has to be distributed by the Local Government Board. They are the distributing authority. Instead of the Treasury, the Local Government Board.

(*Chairman.*) Shall I say "capital grants should be made"?

(*Mr. Willis.*) I do not mind.

(*Dr. Smith Whitaker.*) You see it is the Welsh Insurance Commissioners in Wales; it is different Local Government Boards for different countries.

(*Chairman.*) Do you agree to the section, gentlemen; do you wish me to read it through again as altered?

(*Several hon. members.*) No.

AGREED.

(*Dr. Leslie Mackenzie.*) Before you depart from that, sir, I was, at the time this was talked of, in doubt as to the meaning of "an average of 1*l.* per 750."

(*Chairman.*) I wish Dr. Addison were here to explain it.

(*Dr. Newsholme.*) It is the same thing as your one dispensary for X population, 200,000.

(*Chairman.*) We have got it; you assume the average cost to be 300*l.* for the dispensary; 1*l.* per 750 of the population allows for 266 dispensaries.

(*The Secretary.*) Just about the average, between 225 and 300.

(*Dr. Leslie Mackenzie.*) As long as you are satisfied.

(*Chairman.*) Mr. Clarke worked it out.

(*The Secretary.*) It took me about a quarter of an hour.

(*Dr. Newsholme.*) It is quite true, there are more rural districts than urban districts, but the urban districts have much bigger populations and they form a bigger part of the average than the rural populations, therefore, if you simply average, divide by 2, such an average would necessarily be correct.

(*Chairman.*) Showing a rough average; shall we put "a rough average"; I think we should guard ourselves.

(*Dr. Leslie Mackenzie.*) My whole point is, when does the average come into existence, and it is an average of what?

(*The Secretary.*) If you assume the population of the United Kingdom to be 45,000,000, then if you assume that the average cost per dispensary unit is 300*l.*, and you also assume the number of dispensaries to be established is 266, which is about the average between 225 and 300, that then works out 1*l.* per 750 of the population, or 240*l.* per dispensary unit.

(*Mr. Willis.*) May I suggest that this is really what is meant, "that the capital grants up to four-fifths of " the amount required, provided that this sum should " generally not exceed 1*l.* per 750 of the population, " or an average of 240*l.* per dispensary," that is what is meant by it. You cannot generally not exceed an average, you must not exceed a sum, "that this sum " should generally not exceed a sum of 1*l.* per 750 " of the population, or an average of 240*l.* per " dispensary."

(*Chairman.*) Well, now it reads as follows: "That, " with a view to encouraging the early provision and " equipment of Tuberculosis Dispensaries, the Treasury " should make capital grants up to four-fifths of the " amount required, provided that this sum should " generally not exceed 1*l.* per 750 of the population, " or an average of 240*l.* per dispensary." Now, the next one you altered "6,000" to "additional," that is consequential, and there you have to take out the 1*l.* per 55 of the population; it does not come in at all. So that the next section reads: "That for the provision " of the additional sanatorium beds for adults required " at the outset the Treasury should make capital " grants" (there again you change the Treasury); " capital grants should be made up to three-fifths of " the cost per bed, provided that the total sum does " not exceed an average of 90*l.* per bed." Is that accepted? That is merely consequential. There is nothing on the next section that I have to put before you.

(*Dr. Smith Whitaker.*) "Parliamentary grant" rather than "Treasury grant."

(*Chairman.*) We were changing that, "grant " should be made."

(*Dr. Smith Whitaker.*) But in number three, last line of number three. The same changed would apply. You say, "out of the Treasury grant"; you want to change that. I should have thought that "parliamentary grant" would do.

(*Chairman.*) There is no point you wish to raise on that. Then we come to "Maintenance."

(*Mr. Davies.*) Have we passed No. 3?

(*Chairman.*) Unless there is any point you wish to raise.

(*Mr. Davies.*) I think the 60*l.* is totally inadequate. I do not know whether that is the limit we can go to, having regard to the total amount available.

(*Dr. Newsholme.*) You do not think it is enough?

(*Mr. Davies.*) I do not think it is enough. I know in the case of Wales we will not be able to put up sufficient hospital beds with anything like that of a grant of 60*l.*

(*Dr. Leslie Mackenzie.*) The supposition was, that there was a large number available.

(*Mr. Davies.*) But there are not many in Wales.

(*Dr. Leslie Mackenzie.*) The same thing in Scotland, I am afraid.

(*Chairman.*) You would suggest we leave out the words at the end.

(*Mr. Davies.*) I do not like that figure in there, sir.

(*Chairman.*) Well, that would meet your point?

(*Dr. Newsholme.*) I am afraid it is very late for me to ask a question, but what were the special reasons which induced the Sub-Committee and the Committee to adopt that recommendation for more money to be given per bed for sanatoria than merely 90*l.* in the one case and 60*l.* in the other.

(*Dr. Smith Whitaker.*) I was on the Sub-Committee that discussed this. One argument put forward strongly by Dr. Addison was the tremendous number of existing hospital beds that he believed could be made use of. It is all very well to say that is only in London and the large centres of population, but the large centres of population do cover so much of the total population that it is an appreciable element when considering the average of the whole country. These figures do not mean that in Wales you are to be cut down to that, but so much money will be set free by the fact that in England you have a large number of beds; that it lowers the average.

(*Mr. Davies.*) May I point out that the grant has already been divided between the four countries.

(*Dr. Smith Whitaker.*) It is not my argument; it is Dr. Addison's argument.

(*Dr. Newsholme.*) I apologise for having to raise this point, because the need for my raising it arises out of my absence from the Committee. I am still in a difficulty. I am very sorry Dr. Addison is away and not here to explain it more fully, but if you need to provide hospital beds they will, in my opinion, be more expensive as a rule than sanatorium beds, because you can make less use of sanatorium buildings. If there are beds in Charing Cross Hospital already there then you do not need as much as 60*l.* a bed; all you have to do is rent the beds, not supply them.

(*Dr. Smith Whitaker.*) That is what he said; that lowers the average so much; he was not realising you cannot average with Wales.

(*Dr. Newsholme.*) I quite accept it is extremely important that this Committee should give the Local Government Board and the Treasury some guidance as to what proportion of the cost they could allot, but are we not on very unsafe ground in putting down for the whole country the average contribution from the Government at 60*l.* per bed for hospitals.

(*Chairman.*) I personally feel very shy about putting this figure. I think it would be more logical if we only put by "parliamentary grant," because we begin the paragraph by saying we have no information, then we go on and state a figure which must have been based on something.

(*Dr. Newsholme.*) That is so; it does not hang together.

(*Chairman.*) Is that agreed to?

(*Mr. Willis.*) I was only just wondering whether you would like to say without mentioning any figure, "But they are inclined to suggest that not more than three-fifths of the cost of the provision should be granted."

(*Chairman.*) But they suggest "not inclined."

(*Mr. Willis.*) Not more than three-fifths of the capital outlay should be provided out of the grant.

(*Dr. Newsholme.*) If hospital beds have to be provided anew they will cost more than sanatorium beds.

(*Dr. Latham.*) Not if you add them to existing institutions.

(*Dr. Newsholme.*) The same thing applies to sanatoria; you can add those to existing beds.

(*Chairman.*) Now, Gentlemen, on "maintenance"; is there anything on maintenance; do you think Dr. Addison would accept that?

(*Dr. Smith Whitaker.*) He would accept what has just been done, I am sure.

(*Chairman.*) The suggestion on "maintenance" is that the first paragraph should read as follows: "That Insurance Committees should make agreements with the Governing Bodies of sanatoria, hospitals, &c. for the maintenance of a fixed number of beds for a term of years."

(*Mr. Davies.*) Is that the paragraph in the original draft which came under the head of, "Recommendations for maintenance."

(*Chairman.*) It is now under the head of maintenance and it reads, "That Insurance Committees should make agreements with the Governing bodies, sanatoria, hospitals, &c. for the maintenance of a fixed number of beds for a term of years."

(*Dr. Smith Whitaker.*) I may say this was discussed in the sub-Committee, and I know that Dr. Addison thought it was a pity—that power is under the Insurance Act; we none of us can forget that there is that power—that this Committee should suggest that that should be done, but he thought it was hardly ripe for that suggestion. This is perfectly open; this does not commit anybody; there is nothing to prevent agreements being made.

(*Dr. Newsholme.*) I quite appreciate that point, but there is another point, namely, that if you do not have agreements for terms of years, are not county councils and county borough councils and other authorities who will build sanatoria just now in providing beds, because the Insurance Committee might change their minds a short time afterwards, and the result would be that half the beds might be empty.

(*Dr. Smith Whitaker.*) I am afraid the answer to that has to be this: this is an interim Report, the final Report is to come out; that is going to deal more fully with the subject of sanatoria. I am afraid between the date of the Interim Report and the date of the final Report there will be no definite Insurance Committees in existence. All arrangements will have been made by some kind of temporary bodies or possibly by the Insurance Commissioners, acting under some temporary powers, and speaking quite frankly I am given to understand there will be a great deal of difficulty about any people who are exercising these temporary powers entering into contracts for periods of years, that might bind the Insurance Committees before they were created, therefore no arrangements could be contemplated before the Report comes out. We might leave that point for the Final Report.

(*Chairman.*) Then it stands as printed.

(*Mr. Davies.*) Could we not leave out the basis of the cost will be per head per week. There you lay down a specific method of payment, and I feel with Dr. Newsholme very strongly that it is going to discourage people building sanatoria and being responsible for their maintenance unless they can assure themselves that the various Insurance Committees for which these institutions are going to be provided, that they enter into agreements over a term of years for a specific number of beds, otherwise it seems to me that these people will run the risk of having their sanatoria half empty and they will have to maintain their staff and keep the whole place going as if they had the total number of beds occupied. I know a very similar case in University College where they had to provide lectures for county councils and local authorities that they are always at a loss owing to a system of this kind where the local body pays per lecture. One year they will want 50 lectures and the next year they will want none, still the University who is responsible for getting these lecturers have to pay their fees and their salaries the whole time and they

find it very difficult to make the arrangement work properly; in the case of the sanatoria we lay down here specifically that the Insurance Committees should make themselves responsible for a certain number of beds in sanatoria.

(*Mr. Smith Whitaker.*) I am afraid Mr. Davies did not appreciate the difficulty that I explained just now. I think we are all alive to the fact that there will have to be agreements for terms of years, that Local Authorities could not work on any other basis, but the point is the difficulty of suggesting that in this Interim Report when we know perfectly well that no such agreements can be made in the period between the publication of the Interim Report and the publication of the Final Report. It is anticipatory. I think perhaps we might add some such words as "subject to some agreed minimum" or something of that kind.

(*Dr. Paterson.*) You have no objection to something of this sort.

(*Dr. Smith Whitaker.*) No, there is no objection in principle to that being laid down; the Insurance Act provides for it; the objection is only to putting it in here in this Interim Report.

(*Mr. Davies.*) Are we not committing ourselves to another method of doing it? We are committing ourselves definitely to this principle and it seems to me we shall find it difficult to alter this in this Final Report.

(*Mr. Willis.*) Would you be content if "per head per week" were omitted?

(*Mr. Davies.*) Yes, I think so.

(*Dr. Smith Whitaker.*) I have no objection to that.

(*Mr. Willis.*) Well, it is suggested, Mr. Chairman, to omit "per head per week" in (1).

(*Chairman.*) Does that meet your point?

(*Dr. Smith Whitaker.*) I have no objection to that, and it meets Mr. Davies.

(*Mr. Willis.*) And it says "that in respect of patients in sanatoria for whom Insurance Committees are responsible payment on account of them should be made on the basis of the cost of maintenance and treatment."

(*Chairman.*) Does that meet your point?

(*Mr. Davies.*) Yes.

(*Mr. Willis.*) Then the second stands, "That the payment of Insurance Committees to the governing body of the dispensary, in consideration of the treatment of patients for whom the committees are responsible, should take the form of a lump sum paid annually under an agreement for a term of years. In cases in which, under such agreement, the medical staff at the dispensary act as advisers of the Insurance Committee in questions of diagnosis and recommendation for treatment, an additional annual payment should be made in consideration of such services."

(*Chairman.*) Yes, unless somebody has any objection.

(*Mr. Willis.*) I have no objection.

(*Chairman.*) Anything on (3). Then the "summary of principal recommendations"; if you look at the draft that came this morning you will find the new one which was read out by Dr. Addison last night; it has been incorporated as the Recommendation 8. Is there anything on (1) or (2) or any of the previous ones?

(*Dr. Smith Whitaker.*) I wish we could get some stronger phrase on (2) instead of "essential." I have found it difficult to suggest a word. "Is a primary matter," something to suggest that it is the first thing they should give their attention to.

(*Mr. Willis.*) But is not "essential" the strongest possible?

(*Dr. Smith Whitaker.*) The others are essential.

(*Mr. Willis.*) It is in order of time is essential.

(*Dr. Jane Walker.*) "Imperative."

(*Mr. Willis.*) I must say I prefer "essential."

(*Chairman.*) It is not the establishment but the early establishment which is essential.

(*Dr. Smith Whitaker.*) I doubt whether they will read the word.

(*Dr. Newsholme.*) Another point I raised on (2) the phraseology proposed by Dr. McVail "dispensaries or their equivalent."

(*Chairman.*) We have described so often through the Report what we mean by dispensary, the summary should be as short as possible.

(*Dr. Newsholme.*) It is only three words, sir.

(*Dr. Philip.*) You want to make these as short and crisp as possible.

(*Dr. Leslie Mackenzie.*) I think we should put in the equipment, otherwise we are laying ourselves open to misunderstanding.

(*Dr. Smith Whitaker.*) Can we keep to the question of time first. I feel sure that the ordinary person will overlook that "early." He will not see the force of that "early." The establishment in working order of an adequate number of tuberculosis dispensaries should be the first task to be undertaken.

(*Dr. Newsholme.*) The first task to be undertaken at an early period.

(*Mr. Willis.*) Whether they read this or not the Local Government Board of each country will at once send out circulars and they will press this part I believe; there is no need to alter that.

(*Chairman.*) The words are not very definite.

(*Mr. Willis.*) Crispness is a great thing in recommendations.

(*Dr. Smith Whitaker.*) You do not want "In the opinion of the Committee," of course.

(*Chairman.*) Then that comes out.

(*Dr. Leslie Mackenzie.*) Say "Dispensaries or the equivalent" as before; you use it in every case.

(*Chairman.*) It is mere repetition.

(*Dr. Newsholme.*) I think it is an important repetition.

(*Chairman.*) Are you to put it right through?

(*Dr. Newsholme.*) No, it obviously could not be put in the third, because there would be no grant for equipment; no capital grant.

(*Chairman.*) Yes, but you have to pay for his bicycle.

(*Dr. Latham.*) You cannot establish an individual in working order.

(*Chairman.*) That is quite right, you cannot establish an individual in working order.

(*Dr. McVail.*) No, but it was a staff that was to be the equivalent.

(*Dr. Smith Whitaker.*) I have given way on my point.

(*Chairman.*) I do not think it is essential. We have got it at least twice in the Report. Is (3) accepted.

AGREED.

(*Mr. Davies.*) May I ask Dr. Smith Whitaker if he bases his objection upon No 1, the agreement for a fixed period of years in regard to Sanatoria, but in No. 2 when we come to the Dispensary the Insurance Committees apparently are quite prepared to enter into agreements.

(*Dr. Smith Whitaker.*) Well, I do not know about the Committees being prepared to enter into agreements, but there is a very considerable difference between the kind of agreement which might be necessary in regard to a dispensary. (5) In regard to sanatoria you can come to some kind of simple working arrangement to cover the interval. At the same time I quite agree with Mr. Davies' point; there might be something said to leave out even in (2) "a reference to a period of years."

(*Mr. Willis.*) If the Committee are to deal with the question of general principle say in both 1 and 2 "Payment should be made in pursuance of agreement," this point was very much discussed when the Bill was going through. The County Councils some of them said "we are quite willing to undertake work under this Bill and provide Sanatoria if we have got an effective guarantee that the Insurance Committees will use these and pay us over funds for the use of them and that section was expressly accepted by the Chancellor of the Exchequer in order that that arrangement might be carried out, and that it might be possible for an Insurance Committee to enter into a binding agreement for a term of years, and I certainly think the success of the whole thing depends upon the Insurance Committees being willing to enter into binding agreements for a term of years. It is true we do not contemplate much capital expenditure immediately Insurance Committees come into existence.

(*Chairman.*) Surely that is the whole point. We recommend that Insurance Committees when they come into existence should make these agreements.

(*Mr. Willis.*) They are coming into existence, but we can make the recommendation now.

(*Mr. Davies.*) Would it meet Dr. Smith Whitaker to put in "as soon as possible"? something of that sort.

(*Dr. Newsholme.*) It might help the local insurance committees to make the agreements when they are formed if we had this in the Report.

(*Dr. Smith Whitaker.*) Local authorities would want these agreements made, they would not be able to make them. I thought it might be possible the temporary authorities might be able to enter into such agreements. I have discussed the matter; there will be great objection to that being done.

(*Chairman.*) Our recommendations are only for the Committees, not for the temporary authorities.

(*Dr. Smith Whitaker.*) Will the local authorities, when they get this Report, recognise that these two operations cannot be put into operation at once? I should have thought, alter 2 to make it consistent with 1, that the contributions of insurance committees to the governing body of the dispensary should take the form of a payment in order that in consideration of the treatment of patients for whom the Committee are responsible, and then in cases under which, &c., an additional annual payment in consideration of such services. Those are the two things you have to appreciate, I think, if we strike out "the lump sum" in 2, to be consistent.

(*Dr. Latham.*) Could you not put in "unless local committees have been formed"? Your recommendation is to the local committees you say, you cannot make it because the local committees cannot be formed. Cover this by saying "unless local committees have been formed."

(*Mr. Willis.*) I take it the Committee here entirely agree that these insurance committees ought to, in any pending arrangement with an important local authority, who are undertaking to put up a sanatorium which will be used for that purpose. On that point there is no difference of opinion.

(*Chairman.*) That meets your point then, to put in "when they are formed."

(*Dr. Smith Whitaker.*) Or better still, a footnote to explain. "Of course this could not come into operation until the insurance committees have been formed."

(*Mr. Willis.*) You do not want to multiply footnotes.

(*Chairman.*) Why not put in brackets ("Insurance Committees when they are formed"). Would that meet you? "That Insurance Committees when they are formed should make agreements with the governing bodies of sanatoria, hospitals, etc., for the maintenance of a fixed number of beds for a term of years."

(*Mr. Willis.*) Quite.

(*Chairman.*) Accepted. The next one would be that the payment of Insurance Committees when they are formed, to the governing body of the dispensary, etc.

(*Mr. Willis.*) I would not say "when they are formed" on the second.

(*Chairman.*) All right.

(*Mr. Willis.*) Then there was one point as regards the first of these recommendations, and that is as to a footnote. I think perhaps we ought also to say in Wales the matter is affected by the existence of the special provisions of the Act in regard to the association.

(*Mr. Davies.*) Yes.

(*Chairman.*) In Wales by the Welsh National Memorial Association.

(*Mr. Willis.*) This same footnote, I agree to leave that to the Secretary.

(*Mr. Davies.*) Yes, that would meet our point.

(*Chairman.*) Then it would read "In Scotland and Ireland, whatever it may be, and in Wales, by the National Memorial Association."

(*Mr. Willis.*) May I suggest, on seven, a small alteration, or rather an addition. We have found in connection with the building of schools that they have often been much more costly in consequence of byelaws, and there was an Act passed last session saying, that any school which had received the plans or had received approval from the Board of Education

should be exempt from the byelaws, and it seems to me that probably in connection with the building of these sanatoria we shall find that they were hampered by the existence of byelaws, and I should rather like the committee to make some addition to them saying, "that a provision similar to that contained in section 3 of the Education Act, 1911, should be made applicable."

(*Mr. Davies.*) Does that deal with town planning?

(*Mr. Willis.*) No; it is merely used to say, "that a sanatorium, if it has been approved in England by the Local Government Board, can be legally put up although it may contravene byelaws which happened to be in force in that particular locality."

(*Chairman.*) Well, have you some words?

(*Mr. Willis.*) I could supply some words if the Committee agreed.

(*Mr. Davies.*) I should like to go further than that and say "that in the erection of all these dispensaries, hospitals, and other institutions, some regard should be had to any town planning scheme which may exist in that particular district concerned." This is only a pious declaration on the part of this Committee. I think probably it would help those people who are trying to proceed on schemes on town planning, if such a recommendation were put in, because it simply calls the attention of the people who are responsible for the putting up of all these buildings to the fact that a town planning scheme might be in operation in that particular area.

(*Chairman.*) But surely, if there is a town planning scheme, naturally it would have to be considered.

(*Mr. Davies.*) It is simply to draw their attention to it.

(*Chairman.*) This is as brief a summary as possible.

(*Mr. Davies.*) I will not press it.

(*Chairman.*) Then 8; you have not seen this in print before.

(*Dr. Jane Walker.*) Are "under-graduate" and "post-graduate" needed? Would not "additional instruction" cover it.

(*Dr. Lathan.*) There are a good number of them who are under-graduates.

(*Chairman.*) You propose to omit "under-graduate" or "post-graduate."

(*Dr. Jane Walker.*) "Student" in place of "under-graduate."

(*Dr. Latham.*) You are suggesting that the medical profession do not know their business; you say "additional research."

(*Chairman.*) I have said it was suggested to omit those both, "under-graduate" and "post-graduate."

(*Dr. Smith-Whitaker.*) Then as to the construction of this. The first part of this is a statement of fact, not really part of the recommendation. I would suggest "inasmuch as the particulars, etc.," and strike out "and that." The first part is a statement of the reason for making the recommendation, and then, perhaps, a few words might be said now instead of "which are at present" and "cases of might come out," and I think "in the future might come out."

(*Chairman.*) It now reads, "that inasmuch as the opportunities which are now afforded in general hospitals to students of medicine in the course of treatment of tuberculosis are insufficient to secure provision for an adequate number of expert medical officers (which would you put) tuberculosis officers."

(*Dr. Smith-Whitaker.*) No, I think not.

(*Chairman.*) And that advantage should be taken of the extended opportunities which will be afforded under the present scheme to obtain additional instruction.

(*Mr. Willis.*) There was one small point which I wished to raise on 33.

(*Chairman.*) Which draft?

(*Mr. Willis.*) Second; it is where we stated that the county should usually be the body to whom we should look to organise the scheme. 33; we have not considered the case of London, and I think it would be desirable that the Committee should say, "that in London they think the Metropolitan Asylums Board would probably be the suitable body to provide any institutions which are required apart from dispensaries." They are the body now providing all the fever hospitals, and they have provided a good many.

(*Dr. Paterson.*) Are they not under the Poor Law?

(*Mr. Willis.*) They are not a Poor Law authority really; that is, they are, and they are not. They are the body that does all the fever work in London, and there is not that stigma attaching to their buildings that there is to Poor Law buildings.

(*Dr. Paterson.*) The Insurance Bill definitely says "other than Poor Law," and I understand the Metropolitan Asylums Board consists of members of different boards of guardians; does it not?

(*Mr. Willis.*) Yes.

(*Dr. Smith Whitaker.*) may I appeal on the question of general principle; obviously it is a matter of which the majority of the members of this Committee can know little or nothing; it is a matter of administrative experience. If the Local Government Board for England are of opinion that the Metropolitan Asylums Board are the proper body, they have the power; and as far as this Committee is concerned it appears to me we cannot have any opinion of our own. We either simply accept Mr. Willis's opinion as final, as I for one should be quite prepared to do, but if we put it into our Report, we appear to be doing something more than accepting Mr. Willis's opinion. If we put it that we are advised by the Local Government Board for England that the Metropolitan Asylums Board will be the best authority for this purpose, that we can easily do, but to take the responsibility ourselves of appearing to add, as we really cannot add, to the authority of the Local Government Board, seems to me, if I may suggest it with all respect—a mistake.

(*Mr. Willis.*) I feel that about a great many things; a lot of us have been expressing views about things of which we know nothing. Put quite frankly, I think the people who carried that resolution against us yesterday about Government Departments are mostly people who do not know much about Government Departments.

(*Chairman.*) Is it suggested to put in words?

(*Mr. Willis.*) I do not press it for the moment. If the Committee feel that they have not enough knowledge to make a recommendation in regard to London, well and good. They are making a recommendation in regard to the country, and it appeared to me they knew enough about the Metropolitan Asylums Board and its work to say, that as regards the provision of institutions in the metropolis that seemed to them the most suitable body.

(*Dr. Newsholme.*) The Great Central Hospital for London is the right authority for providing sanatoria for London. There is another part of the metropolitan problem which needs to be considered and that is the provision of dispensaries for London. We have left out entirely the case of London. In counties it will be by county councils; in county boroughs by county boroughs; the metropolitan boroughs in London are neither the one nor the other and they are too large to be swallowed up by the London County Council in this matter, and a recommendation of this Committee to the effect that the sanatoria should be provided by the Central London Authority and the dispensaries by the local authorities when there is no other voluntary dispensary in existence would have been very valuable.

(*Dr. Latham.*) Is this Committee accepting with regard to Ireland, Scotland and Wales the opinions of the people on certain subjects; might we do the same with regard to England?

(*Chairman.*) Would something like this do? "The Committee are advised by the Local Government Board that in London institutions may be provided by the , whatever it may be.

(*Mr. Willis.*) No, I should not like that. I would rather omit it than that because that is not the form we put in anything with regard to Ireland or Wales or anything else. It is merely this: The Metropolitan Asylums Board is the central authority, as Dr. Newsholme says, for hospitals. They have got an enormous lot of buildings many of them are empty and they make excellent sanatoria. I think Dr. Paterson is right in saying that possibly it might need a short Act to let them work under the Insurance Act. But there would be no difficulty about that. There is no popular objection if this Committee said, as an important committee we think it is desirable that this body, which in the Central Public Hospital Body in London, should also add this to their functions; that will be useful, that is all.

(*Dr. Latham.*) Mr. Willis will remember that many of us in London have been trying to get this Metropolitan Asylums Board to work in this direction for years.

(*Mr. Willis.*) I know you have.

(*Dr. Latham.*) Deputation after deputation were always met with a non possumus; they were unable to do it.

(*Mr. Willis.*) Is you can say it would be useful.

(*Mr. Smith Whitaker.*) Are we thereby committing ourselves to any side, Sir, as between any possible question affecting the County Council. Supposing there is any question with the County Council, if the Local Government Board like to say they would use their powers in a certain direction that is clear, but it is not for this Committee to make a recommendation.

(*Chairman.*) I gather also from Mr. Willis that an Act of Parliament would be necessary, and we have rather avoided recommendations involving Acts of Parliament in the Interim Report

(*Dr. Smith Whitaker.*) Are we covered by the Insurance Act. Such kind of people who object —

(*Chairman.*) I gather there is some legal doubt about it.

(*Mr. Willis.*) I gather it is quite possible there would be an Act of Parliament needed. But I gathered there would be no objection to it. The County Council do not provide the hospitals for London. They are done by the Metropolitan Asylums Board, and everybody recognizes their work as a very splendid piece of work. They have got the best ambulance arrangements in the world, I believe.

(*Mr. Stafford.*) Could we not say that it is desirable to do this if it can be legally done or something of that sort.

(*Mr. Willis.*) That is all I propose; that the Committee should say as regards London that it seems to me desirable whether the work so far as it relates to the provision of sanatoria might not be done by the Asylums Board?

(*Dr. Smith Whitaker.*) I would not object to it in that form; that is quite another matter.

Mr. Willis. That is all that I want.

(*Dr. Philip.*) On a pure point of order, without in any sense expressing an opinion, are we wise at this stage, when the matter has not been considered before the Committee; there is nothing in the body of the Report to which this final recommendation is attached. This subject will require to be taken up in the body of the Report if we are to make a formal recommendation on the subject.

(*Chairman.*) I understand Mr. Willis's point is not that which should go in the recommendation.

(*Dr. Philip.*) Oh, that is all right.

(*Chairman.*) That it should go in the administrative section.

(*Dr. Newsholme.*) We have done it; think of the sanatoria authorities for the rest of London; they have left out five million people in London.

(*Dr. Philip.*) That is all right.

(*Dr. Newsholme.*) May I intervene? On the second half of the London problem, which was the dispensary problem, you have made a tentative suggestion on the institutional part but so far as the dispensary is concerned you say nothing, and London is totally different from the rest of the country in its general structure and arrangement, and you cannot leave out the metropolitan borough councils and many of them are very much larger than the County Boroughs in the rest of the country. It appears to me in this administrative section there should also be some statement made to the effect that the Metropolitan Boroughs might provide dispensaries.

(*Mr. Willis.*) My suggestion, Mr. Chairman, is that it should come in paragraph 33, after we have said that the county councils and the county borough councils should be the bodies to whom we should look. Right at the end, as regards London, it seems advisable for the Committee that it should be considered whether any sanatoria and hospitals which are required should not be provided by the Metropolitan Asylums Board, and whether dispensaries should not be provided by the Metropolitan borough councils.

(*Dr. Newsholme.*) That would meet my point entirely.

(*Chairman.*) Does that satisfy you.

Dr. Smith Whitaker.) It is desirable it should be considered, that is all.

(*Chairman.*) Now *Dr. Mearns Fraser*, you have something to suggest.

(*Dr. Mearns Fraser.*) The point I want to raise is in connection with Appendix A, which is certainly not quite understood by certain members of the Committee; we have not all of us had an opportunity of expressing our opinion on this subject.

(*Chairman.*) What do you suggest?

(*Dr. Mearns Fraser.*) There may be some of us who would not agree with the expression of opinion in that Appendix, and yet we have no opportunity of expressing that fact, or amending it in any way. It is based on Section 16. It is supposed to follow after 16, "Classification of Patients." And originally both 16 and the Appendix were in full Report. The Appendix has been removed from the Report, and the classification still remains. The classification has no object in this Report at all unless the Appendix is here too, and the Appendix, I say, we have not had an opportunity of discussing, and it is a very important matter. For myself I cannot agree with the recommendation in the Appendix entirely, because I do not think the fact has been sufficiently appreciated that a very large number of patients may be treated in the Dispensary, and not in the Sanatorium at all. Then the Appendix does not correspond with Section 16 in the last one. We have had one we have had this morning.

(*Chairman.*) Of course you realise that, coming as it does under the signature or over the signature of five gentlemen, or four gentlemen and a lady, it only expresses their views.

(*Dr. Mearns Fraser.*) It is said in Section 16, page 10, "Different arrangements will be required for the treatment of these different types of case. As explained fully in the Appendix," treatment in sanatoria, &c.

(*Dr. Newsholme.*) I think it would meet *Dr. Mearns Fraser's* point, perhaps, if we omitted the words "As fully explained in the Appendix," which to some extent commits the whole Committee possibly.

(*Chairman.*) We can easily do that; would that meet your point.

(*Dr. Mearns Fraser.*) I say that although it is only signed by a few members, the inference will be drawn that no member of the Committee has any objection to that in any way.

(*Chairman.*) If we avoid that reference "as explained fully in the Appendix," then that meets your objection if we take that out of the Report.

(*Dr. Mearns Fraser.*) It does not quite, because some of us have other views which we cannot give expression to. Certain members have given expression to their views, but certain others members have not had the opportunity of giving expression to their views on the same subject. I would suggest it be taken out and put into a final Report.

(*Chairman.*) I must say there is a certain amount of fairness in *Dr. Mearns Fraser's* point. You see there are two schools of thought, tuberculine and sanatoria. Your point is probably that they rather begin to lose in the Report, and that they are closer together than many people imagine, but still your point is that the one school has had an opportunity of putting its views forward very temperately in the Appendix, whereas the other school has not had an equal opportunity.

(*Dr. Mearns Fraser.*) That is what I feel in regard to myself.

(*Chairman.*) As a matter of fact, this particular part should really be held over till the final Report, without interfering in any way with the interim Report.

(*Dr. Newsholme.*) Then would you leave out Section 16 in the body of the Report as well?

(*Chairman.*) No, there it could stay.

(*Dr. Latham.*) I think all those who signed the Report are quite willing that it should be held over.

(*Dr. Philip.*) I think it would be better, as it is only one Appendix now, to omit.

(*Dr. Niven.*) I should like to have an expression of opinion upon that.

(*Dr. Philip.*) If you take it out at the present moment, take it out of Section 16.

(*Chairman.*) No, it does not follow; we merely put

for the purpose of the Interim Report a very rough classification.

(*Dr. Mearns Fraser.*) That classification is only put to introduce the matter into the Appendix.

(*Chairman.*) No, it is put on as an explanation of sanatorium treatment. I think it meets your point, Dr. Fraser.

(*Dr. Newsholme.*) I am afraid it does not entirely meet Dr. Fraser, because in the ultimate paragraph of section 16 it says, "The treatment in sanatoria will chiefly be necessary for cases falling within classes 3 and 4." Well, Dr. Fraser's point is that he thinks that is not necessary. I cannot accept Dr. Fraser's view, and I am not willing that this should be left out.

(*Dr. Niven.*) Nor am I.

(*Dr. Newsholme.*) I am not willing that section 16 should be left out of the Report.

(*Dr. Niven.*) I quite agree.

(*Dr. Newsholme.*) Otherwise it will have a totally disproportion between sanatorium treatment and dispensary treatment. There have been many concessions made in regard to dispensary treatment, and now at the last moment it will be perfectly proper, in Dr. Mearns Fraser's point of view, to leave out sanatorium treatment, which I cannot accept at all.

(*Dr. Niven.*) What is wanted in section 16 is a distinction with the classification in the Appendix.

(*Chairman.*) It has been ruled out entirely in the Appendix.

(*Dr. Leslie Mackenzie.*) It has been suggested to take out the Appendix altogether.

(*Dr. Philip.*) And leave paragraph 16 in.

(*Chairman.*) Leave it in and take out the Appendix.

(*Dr. Mearns Fraser.*) I do not agree with the classification under 16. I may say in the first place that that was only put in for the purpose of the Appendix.

(*Dr. Newsholme.*) No, the sense of it follows on—

(*Dr. Mearns Fraser.*) What reason can it have for being—

(*Dr. Newsholme.*) Because right through the report, treatment in sanatoria is treatment that is secured; the salaries are secured.

(*Dr. Mearns Fraser.*) I am not objecting at all to treatment in sanatoria.

(*Chairman.*) Dr. Mearns Fraser, on that fact, I think if you read it those clauses which are most suitable for sanatoria treatment are the clauses 3, 4, 1 and 5; though you do not accept treatment in sanatoria, you would say all these six clauses suited, those most suited for sanatorium treatment are as stated in this paragraph 3, 4, 1 and 5.

(*Dr. Latham.*) I think, when Dr. Mearns Fraser comes to read this Report, he will find dispensaries have won all along the line, and if one fact has come out more definitely than any other it is that a very large proportion of people can be treated at home, and I think the public will be very much surprised how little there is in favour of sanatoria, and how much there is in favour of dispensaries.

(*Dr. Mearns Fraser.*) I am speaking—I am sorry to appear obstructive in any way—it does not seem quite to meet my views. I do not wish to be troublesome and have any dissent.

(*Dr. McVail.*) Would Dr. Mearns Fraser write a short Appendix of his own?

(*Dr. Niven.*) The real fact is are we to accept this classification or not? If it is considered we have accepted the classification, then I submit there is no point in all this. If we are not to accept the classification, then let us say so.

(*Mr. Stafford.*) It is accepted.

(*Dr. Paterson.*) 2, 3 and 4, we should read those as left out.

(*Chairman.*) Oh yes, thank you very much for pointing it out.

(*Dr. Mearns Fraser.*) Would you take out the paragraph, "Different arrangements"?

(*Dr. Niven.*) The question is whether we accept this classification for the purpose.

(*Dr. Mearns Fraser.*) I think we accept the classification for the purpose of the Appendix.

(*Chairman.*) I must say, if you take out that paragraph, you rather convey to the general public that nobody really need be sent to sanatoria.

(*Dr. Mearns Fraser.*) I do not wish to imply that at all.

(*Chairman.*) But I understand the sanatorium people do feel rather strongly about it. Dr. Newsholme, Dr. Latham, and others, and you are willing to waive it?

AGREED.

(*Chairman.*) There is only one section, that is Ireland; I do not suppose anybody has any objection.

(*Dr. Mearns Fraser.*) Is it agreed that the Appendix goes out.

(*Chairman.*) The Appendix goes out, but (16) stays in, taking out the reference to the Appendix.

(*Dr. Mearns Fraser.*) You have taken out the reference to the Appendix in this Report.

(*Dr. Latham.*) He would not object to the Appendix standing.

(*Dr. Newsholme.*) If he does not I think the Appendix ought to stand.

(*Dr. Latham.*) I certainly think the Appendix should stand, because a classification like this has no meaning without the explanation.

(*Chairman.*) I understand Dr. Mearns Fraser is prepared to accept (16) minus the Appendix.

(*Dr. Mearns Fraser.*) Minus the Appendix.

(*Dr. McVail.*) But the authors of the Appendix themselves are quite willing that that should do.

(*Chairman.*) I think both sides have met each other very fairly over that. Does any person object to any of the provisions in Ireland. There are only one or two very small verbal alterations, "essential" instead of "necessary."

(*Dr. McVail.*) Might I say generally, Sir, with regard to verbal alterations throughout the Report, that I think it should be clear that the Committee have the most absolute confidence in your entire revision of the Report, which has been rushed through in such a hurry that there are many points requiring verbal alteration, and I think that you yourself, who have been so conscientious all through should clearly understand that you are fully at liberty to make verbal alterations wherever you see necessary in going over it. I do not think you should have any hesitation in making verbal alterations wherever they are required.

(*Chairman.*) If the Committee are prepared to do that it would assist my task enormously. It is quite evident in going through it we may find little verbal alterations here and there.

(*Dr. McVail.*) Might I add, with regard to that, that there are some questions of medical phraseology where in revising it, if you have any doubt, it would be wise either Dr. Newsholme or Dr. Smith Whitaker should assist you. For example, the Report talks of the diseases of accidents sustained by the individual, while, medically speaking, we do not talk of diseases being sustained; there are trifles of that sort.

(*Chairman.*) If there are any suggestions of that sort, perhaps they can be sent in.

(*Dr. Newsholme.*) The Chairman was only by way of limiting the suggested alterations to merely verbal alterations here and there. I think alterations may go further in the way of condensation. Many of the sentences may be condensed without leaving out a little item of sense.

(*Chairman.*) I am anxious to alter it as little as possible because there is a very important desire on the part of the public and the Government that it should appear. Sir George Newman has not been here while his particular sections were discussed. I posted to him this morning the Government Report on his sections as altered, and I cannot pledge myself that he will accept them. I hope he will, and if he does not it may be necessary for the Committee to re-assemble, but I sincerely hope that will not be necessary.

(*Mr. Willis.*) There is one small point, if I might raise it, and that is whether you should now bring out some of these memoranda which you have received from the Appendix, memoranda from the County Councils Association, from the Imperial, and a lot of other people, and many of these memoranda would be most useful to people now because they bear on the preparation of schemes. I should like them all to be published now.

(*Chairman.*) Mr. Willis, no, I am afraid at this late stage. I will tell you the very great difficulty. It is

very difficult to select some memoranda without publishing the whole; it is very unfair to the authors to put the memoranda as they now exist; some of them are very inadequate; they were not told that they were to be published.

(*Mr. Willis.*) I would quite agree, of course, that each person should be sent a proof, and he should be asked whether he has any objection.

(*Chairman.*) That is to hold it back.

(*Mr. Willis.*) No, pardon me; it does not hold the Report itself back at all.

(*Dr. Newsholme.*) A different volume.

(*Mr. Willis.*) They would come out in a separate volume.

(*Chairman.*) We might consider that for the final Report. I do not think we ought to have three Reports; one intermediate and one final.

(*Dr. Newsholme.*) It would not be a Report; it is merely an appendix of documents.

(*Chairman.*) We are to create a good deal of jealousy I am afraid, because a lot of people publish them all. If so-and-so were invited to send a memorandum, why was not all sent in. We have tried to acknowledge in the Report, perhaps not at sufficient length. We have tried to condense the whole thing.

(*Dr. Niven.*) I think what is in Mr. Willis's mind is that some of these reports would furnish valuable guidance.

(*Mr. Willis.*) Most valuable.

(*Dr. Newsholme.*) Most valuable documents.

(*Mr. Stafford.*) I fully agree with Mr. Willis about that. I think we ought to publish an appendix.

(*Chairman.*) We must have other meetings to decide that. I am afraid I cannot take the responsibility of deciding which ones.

(*Dr. Mearns Fraser.*) Well, will this Report be published now straight away without our seeing it again or will there be another meeting. We will have the Report sent back and be able to go through it as a whole.

(*Dr. Newsholme.*) Each posted to him to be signed.

(*Chairman.*) Now, supposing there are alterations.

(*Dr. Newsholme.*) They will only be verbal.

(*Chairman.*) Are you to leave it to me to accept it, otherwise we must have another series of meetings.

(*Dr. Newsholme.*) I suppose if everybody accepts it when it is sent round you will publish it at once, but if there are vital alterations, it will be rather awkward.

(*Dr. Niven.*) It is quite clear that there must be no alterations other than verbal alterations.

(*Chairman.*) And you leave it to Mr. Clarke and me to decide whether we accept it?

(*Dr. Newsholme.*) There must be no going back on the Preliminary Report in what has been decided in meetings; that is an essential point.

(*Mr. Willis.*) But the actual original Report will have to be signed by each individual member.

(*Mr. Stafford.*) One point in regard to Ireland; that is in regard to medical inspection; the treatment of school children by means of the Government grant.

(*Mr. Willis.*) We have accepted that to-day.

(*Mr. Stafford.*) It has not been recognised.

(*Chairman.*) It was to read "Under Ireland, "Recommendation C, the medical inspection." I will read the whole thing: "The Committee consider that it "is essential, in order to deal effectively with tuberculosis in Ireland, to provide without delay for: (1) "compulsory notification, (2) entrusting county councils with administrative functions, (3) the medical "inspection and treatment of school children by means "of a Government grant."

(*Dr. Newsholme.*) Can you not accept the publishing of the memoranda under the hand, after sending proofs to the responsible authors? They are merely for information; they do not commit anybody.

(*Mr. Willis.*) That is the usual way.

(*Dr. Newsholme.*) It is the common way.

(*Mr. Stafford.*) I think you will find a tremendous lot of people—

(*Chairman.*) I was to invite you really, first of all to reassemble about the 14th of May. We shall have to ask a few people on such questions as research, and then we might discuss this question. It is a little bit difficult for me off-hand to decide one way or the other without the Committee.

(*Mr. Willis.*) We have a majority now, if we are not unanimous about it.

(*Dr. Niven.*) It might assist you if some of us were to go over those memoranda and suggest; it might assist you.

(*Mr. Willis.*) We should publish all of them except any one that the writer asked you not to; that is all.

(*Mr. Stafford.*) I will send them back and say, "Is this all right, and do you wish it published?"

(*Mr. Willis.*) We propose to publish it in an Appendix.

(*Chairman.*) If you will allow me, I will raise that point when we meet on or about the 14th of May.

(*Mr. Willis.*) You want to put a word in this Interim Report saying that certain memoranda will be published as an appendix.

(*Chairman.*) There you are asking me to accept the whole thing. If they are published, they will be published as you propose, as a separate document, but I cannot offhand —

(*Dr. Leslie Mackenzie.*) They are the individual opinions of the men who write.

(*Chairman.*) We may have a large number of people who send in a report on a particular line and we go directly contrary to them.

(*Dr. Leslie Mackenzie.*) That does not matter, it is individual opinions.

(*Chairman.*) Now, gentlemen, are these things to be sent round or are you to leave it to me to go through with Mr. Clarke? Am I to wait until I get a signed copy back; you have agreed to the general body of the Report; the main principles?—Such alterations as will be made will be only verbal alterations.

(*Dr. Philip.*) I sincerely hope this Committee entirely leaves it to you now, Sir.

(*Dr. McVail.*) I sincerely hope it is committed to you entirely now, Sir.

(*Chairman.*) That is what I understood, Dr. McVail; I do not ask for the responsibility. It is not a responsibility which I want. If we agree that there are only to be verbal alterations made, may I take it as being accepted by the Committee?

AGREED.

(*Chairman.*) We cannot put Sir George Newman's signature till he has seen it about "children," and telegraphs that he accepts it.

AGREED.

Adjourned till Tuesday, the 14th May next at 10.30 a.m.

TUBERCULOSIS COMMITTEE.

TENTH DAY.

Tuesday, 14th May 1912.

PRESENT :

Mr. WALDORF ASTOR, M.P. (*Chairman*),
presiding.

Mr. CHRISTOPHER ADDISON, M.P., M.D.

Mr. N. D. BARDSWELL, M.D.

Mr. A. MEARNES FRASER, M.D.

Mr. A. LATHAM, M.D.

Mr. W. LESLIE MACKENZIE, M.D.

Mr. J. C. McVAIL, M.D.

Mr. W. J. MAGUIRE, M.D.

Sir GEORGE NEWMAN, M.D.

Mr. ARTHUR NEWSHOLME, C.B., M.D.

Mr. JAMES NIVEN, LL.D., M.B.

Mr. MARCUS PATERSON, M.B.

Mr. R. W. PHILIP, M.D.

Mr. H. MEREDITH RICHARDS, M.D.

Mr. T. J. STAFFORD, C.B., F.R.C.S.I.

Miss JANE WALKER, M.D.

Mr. J. SMITH WHITAKER, M.R.C.S.

Mr. F. J. WILLIS.

Mr. ORME B. CLARKE (*Secretary*).

(*Chairman.*) Gentlemen, we have got at 11 o'clock the first gentleman coming here to have a talk with the Committee. I have thought over this question of these gentlemen who are kind enough to come and discuss various matters with us, and I say advisedly a talk, perhaps I should have said an informal talk rather than giving evidence as witnesses. I have had it put to me by several of these gentlemen, that they would talk far more freely, and what they have to say would be of far more use and value if they did not come here purely as witnesses to be cross-examined, and everything that they said was published as evidence.

There is another point too, and that is, that if we begin examining witnesses we may have to examine a great many more than the Committee would desire to examine. All we want is to get certain suggestions as to machinery, and one or two other points. I think, that probably many of them, after they have seen the Committee and had this informal talk, may want to revise to a certain extent their memoranda. It has been very difficult for them to put on paper suggestions, because they have really had no lead whatever from us as to the lines upon which we want their opinion.

In a general way, as regards research, there are two things that we have to bear in mind, one is the subject and the other the machinery. We cannot possibly deal exhaustively with all the subjects, but, roughly, we may divide them as follows—prevention, diagnosis, and treatment.

By prevention I mean what we have referred to in the Interim Report as the seed and the soil. I have jotted down just for my own guidance a few notes which I will read out to the Committee to show what I had in mind.

I.—Etiology.

- a. Infection = seed - }
b. Predisposition = soil } = prevention.

Infection :

1. Relative danger to adults and children from different types of bacilli.
2. Virulence of different types.
3. Possibility of change of types of lupus.
4. Amount and frequency of dose necessary to produce infection.
5. Mode of entry of bacilli, of sputum, milk, meat, &c.
6. Does infection in one way of glands, protect against subsequent infection of the lungs.
7. Possibility of immunisation by living bovine bacilli or in other ways.

Predisposition :

1. Question of latency.
2. Hereditary influences.
3. Effect of—
 - (a) Housing.
 - (b) Occupation.
 - (c) Habits.
 - (d) Standard of life.
 - (e) Age and sex.

2. Diagnosis.

e.g., Use of tuberculin in man and animals.
Opsonic index.
Fixation of complement.

3. Treatment.

1. Value of graduated labour and auto-inoculation.
2. Value of tuberculin treatment.
3. Standardisation of tuberculin.
4. Effects of different strains in part played by tuberculin.
5. Part played by secondary organisms—really etiology—and value of vaccination against them.
6. Chemical investigations.

These are merely a few of the headings. What we want really is to get suggestions as to the main lines on which research should be conducted, upon the main points on which research is needed, and then to get suggestions as to the machinery that should carry out this research.

I just want to put before the Committee the fact that it is not yet quite certain whether the money devoted under the Insurance Act for research is money devoted for the research in connection with tuberculosis only or with general diseases, and I was going to ask Dr. Smith Whitaker whether he would think it advisable to get the opinion of the Law Officers on this point, whether it is confined to tuberculosis, or whether it is to be taken with the general purposes of the Act, that is to say, all diseases.

Before the first gentleman comes here, I should be very grateful if members of the Committee could put forward any suggestions or criticisms which they have heard as the result of our Interim Report. I must say it must be very gratifying to all of us the way in which it has been received. The criticisms that I have heard or read in the press have been very few and very far between, and I am sure it must be most gratifying to us all the way in which it has been received all through, thanks to the way you worked in the production of this Interim Report.

Before sitting down I would like to tell you that the programme has been slightly modified. We have to-day, at 12 o'clock, Dr. Steegmann; at 2 o'clock, Sir W. Watson Cheyne; at 4 o'clock, Mr. Lazarus Barlow. To-morrow we have, at 10.30, Mr. Stiles; at 11.30, Mr. Foulerton; at 2 o'clock, Sir Almroth Wright; at 3 o'clock, Sir William Power; and the following day, at 10.30 Dr. Sims Woodhead; 12 o'clock, Mr. Gouvain; at 2 o'clock, Sir William Osler; at 3 o'clock, Dr. Tubby.

(*Dr. Meredith Richards.*) I should like to ask: Is it the function of the Committee at this stage to advise the various Commissions as to the way in which the money should be spent? Is that the object of these present meetings?

(*Chairman.*) I do not quite catch.

(*Dr. Meredith Richards.*) Is it the object of the meetings to advise the four Commissions how the money allocated for research should be spent? Is that the definite object of this Committee? It has been put before me that, if so, it is rather outside the Terms of Reference. With respect to the spending of this future money, it has been put to me that any advice on that point is outside the Terms of Reference to this Committee. I should like your ruling on that.

(*Chairman.*) As I said in the few remarks I made just now, the object of these meetings this week is to make it quite clear that research is needed, to get some general ideas as to the lines on which some of these experts and this Committee think research is needed, and to have certain suggestions as to, the machinery.

(*Dr. Meredith Richards.*) I mean, there is nothing binding in the way in which that money for research

will be spent; this Committee will not bind the four Commissions in that way?

(*Chairman.*) The Committee cannot bind anybody to anything; they can only offer advice.

(*Mr. Willis.*) Dr. Meredith Richards asks, Mr. Chairman, whether in this Reference, which asks this Committee to consider the question of the general policy that should apply to the Government in making or aiding provision for the treatment of tuberculosis. Now we are proposing to advise the Government as to how they should spend the money for research.

(*Chairman.*) Indirectly, of course, it may, so that will eventually lead to treatment, it may or may not I think that was your point?

(*Dr. Meredith Richards.*) That is my point.

(*Mr. Willis.*) We are rather travelling outside our Reference in investigating this question of research. It seems to me the Reference, as it stood, did partly cover that; whether it intended to or not, I do not know.

(*Chairman.*) I think, certainly, the words "in its preventive, curative, and other aspects," certainly deal with research. You see it is to advise on the whole problem of Tuberculosis, and we in our Interim Report offered advice on our existing knowledge, and I think we made it quite clear that, in the opinion of the Committee, more information on other subjects was required.

(*Dr. Smith Whitaker.*) I rise, Sir, not to challenge the question of this Committee going into the subject of research, but for the sake of being clear on another point. Am I right in assuming that we are not only to consider such funds as may be available for research under the Insurance Act, but all funds which the Government have at their disposal for this purpose? I am sure all of us here who represent the medical profession favour the idea of co-ordination, and we are aware that the officers of the Local Government Board have already been doing some excellent work in this particular direction utilising grants already made by Government. I take it we must have regard, not simply to the Insurance business, but to the whole question of subsidising research, so far as it rests with the Government through Commissions or Departments to deal with it.

(*Dr. Niven.*) Would it not be possible, Mr. Chairman, to ensure that this penny should not be encroached upon by the requirements of treatment? It seems to me that if anything is desirable, it is that if suitable researches should go on—and it is very likely, I think, the funds required for treatment would greatly exceed what would be supplied by the money under the Insurance Act—it does seem very desirable that this penny should be allocated definitely to research, and not be encroached upon by any requirements of treatment.

(*Dr. Maguire.*) May I point out, Mr. Chairman, that we, in Ireland, find we will not have sufficient funds for Sanatorium Benefit? The calculation of our proportion is really based upon the population, not upon the amount of Tuberculosis in the country. It is well-known, of course, that Tuberculosis in Ireland is much greater than in the other countries—2·2 per cent. above. The feeling of the Commission in Ireland is that we should rather hesitate before consenting to give any very considerable portion of this sum to research work for the reason given, and also because we at the present time have not adequate facilities for carrying on research work in the country, and we think that it is very much more urgent that the question of treatment should be considered rather than research.

(*Chairman.*) But, as I understand it, you have to have a certain amount of research for treatment. There are various forms of treatment that need further investigation.

(*Dr. Maguire.*) Quite so, Sir. My point was, that in the first instance, the Sanatorium Benefit part of the Act should be considered rather than spending quite a large sum of money annually on the question of research pure and simple.

(*Chairman.*) A certain amount of money—I am speaking now without the Act in front of me—can be devoted to research.

(*Dr. Maguire.*) Quite so, yes.

(*Chairman.*) But, it may be diverted either in whole

or in part by the Insurance Commissioners and be added to the amount available for Sanatorium Benefit. I am merely speaking from recollection.

(*Dr. Niven.*) Surely, Mr. Chairman, it is competent for this Committee to express an opinion, and if not at this moment, still it is desirable, I think, that they should express an opinion that this money should be definitely given to research, and not alienated for treatment.

(*Chairman.*) I certainly understood from our discussion before—we only touched upon it very lightly—that it was the opinion of this Committee that they wished to emphasise the fact that research was needed, as you suggest, Dr. Niven.

(*Dr. Niven.*) I think probably that is at least of equal importance with the treatment.

(*Dr. Smith Whitaker.*) I should like to deprecate, Sir, our anticipating in any sense the recommendations at which we can only satisfactorily arrive after we have heard the gentlemen who are going to advise us. If we are to begin now discussing what our recommendations are to be, we shall be in trouble directly. If we only know the general line of the inquiry upon which we are now entering in the broadest possible sense, that is sufficient to enable us to put such questions as we think necessary. I should deprecate any discussion of what may be our recommendations.

(*Dr. McVail.*) With regard to Dr. Maguire's point, Sir, of course, he is aware that under the Act the Fund will be divided between the Nations according to their population, and that the sums will be under the control for Ireland of the Irish Commissioners, quite apart from the English and Scottish and Welsh Commissioners.

(*Dr. Maguire.*) Yes, I understand that.

(*Chairman.*) I understand that is the interpretation of the Act, that it will be divided up per population like the 1,500,000*l.*

(*Mr. Willis.*) Any research done in England, I think, will be available for Scotland and Ireland, and the world, in fact.

(*Dr. McVail.*) In that sense, but the control of the expenditure will be directly under the Irish Commissioners.

(*Mr. Willis.*) Quite; I understand Dr. Niven's point was this, that we had at present sufficient information before us to enable us to say that the whole of the produce of this penny should be utilised for research, that is without at all going into the question of what the research should be.

(*Dr. Niven.*) I put it on this ground, that it is practically certain that the money provided will not suffice for treatment and that a good deal more will be required from Authorities.

(*Mr. Willis.*) That, I think, is absolutely certain, that the money provided under the Insurance Act will not nearly cover the cost of treatment.

(*Dr. Niven.*) If it is to be a question of how much will be needed for treatment, this money will be swallowed up, and the first thing is to arrive at a conclusion as to whether this money should be definitely assigned to research or not.

(*Chairman.*) What we propose to do is to make up our minds, as a Committee, that research is needed, and in a general way to indicate the lines of research, and the machinery. We merely have to clear our own minds to decide, whether, in our opinion, research is needed.

Now, gentlemen, I asked just now if there were any criticisms or suggestions as the result of the publication of our Interim Report? Are there any that came before members of the Committee? I have had one from Dr. Niven; I do not know if he would like to explain it to the Committee?

(*Dr. Niven.*) That, of course, is not my suggestion at all, Mr. Chairman.

(*Chairman.*) No.

(*Dr. Niven.*) A physician in Manchester wrote a letter to the papers, in which he put forward the position that it is desirable that gentlemen holding the new posts proposed to be created—clinical posts—should be required to undergo a definite course of education, and that he should be trained in various sanatorium methods, in the pathology of tubercle, and so on, and hold some sort of certificate before he was considered qualified to

obtain these posts. Well, I have made some inquiry, and I understand that probably it would take a year before you could have gentlemen able to obtain those certificates, so that, if time is so great an element, then the proposal is not so valuable as on other grounds it seems to be. I think it is a very desirable thing that some sort of definite training and ascertained qualifications should be laid down, if necessary, for holding these clinical positions. I think the suggestion is a valuable one, but, of course, that is merely my individual opinion.

(*Dr. Addison.*) One suggestion was made to me by Dr. Mott—he does not mind his name being mentioned—it was a criticism with some relation to what we have just been saying. Speaking, for himself, of course, he deprecated the prospective expenditure of so large a sum of money on beds in connection with Sanatoria. I am giving his view. He said he did not think that, so far as he was acquainted with the results hitherto obtained and set forth in sanatoria, that we were warranted in recommending so great an expenditure upon sanatorium beds at this stage, and he said he certainly hoped that in our Final Report we should recommend authorities to proceed somewhat slowly with the provision of these beds, because, even if research were undertaken upon proper lines, we should find more economical modes of treatment if they were properly pursued. Also, he went on to say that he had been very much impressed by the results which had been obtained, and the treatment of patients in their own homes, or in the most undesirable back gardens here and there in shelters of a cheap kind, and he mentioned, among others, Dr. Lister of Chelmsford, near Chelmsford, who had been doing some work of this kind, so I had an interview with Dr. Lister; I had two interviews with him, and he sent me full details of his scheme. The Chairman says the memoranda have been circulated. I must say I was very much impressed, being purely myself an outside person, having no prejudice on the subject, with what he said as to the probability of these more economical modes of treatment, and I hope the Committee will hear him before we finally separate, and perhaps, if necessary, send someone down to have a look and get a report upon it. But, so far as research is concerned, the question is open to discussion. It is vitally needed, it seems to me, on a large number of points set by ourselves.

(*Mr. Willis.*) On that point, the Local Government Board have investigated this method, and Dr. News-holme has prepared a Report, which he says the Committee may have, if they like.

(*Sir George Newman.*) Might I ask Dr. Niven, Sir, whether his criticism has relation to paragraph 27 of our Report?

(*Dr. Niven.*) Sir George, allow me again to say that it is not my criticism.

(*Chairman.*) No, we understand that, Dr. Niven.

(*Sir George Newman.*) The criticism which Dr. Niven brought up. Does Dr. Niven himself think that we have gone as far as we can go in paragraph 27?

(*Dr. Niven.*) I think I recollect what it is you mean; I do not remember the exact qualifications.

(*Dr. Addison.*) As one of those who has been conducting examinations for some 15 or 20 years, I hope we shall not go by examinations. I have no faith whatever in them. I think we might rightly insist, as Dr. Niven suggests, that a man should undergo clinical training. I hope so, but I sincerely hope we will not add to the number of certificates which these unfortunate people have to obtain.

(*Sir George Newman.*) I hope we shall not add further to paragraph 27, or further crystallise it. It seems to me that in the third paragraph of paragraph 27 we have stated that, in our view, the question of the qualifications of these officers should receive the approval of the Local Government Board, and we have definitely guarded ourselves against laying down any hard-and-fast conditions, and I hope that, as a Committee, we shall not now be invited to consider precisely what qualifications each officer should have. It seems to me it would be very much wiser for us to leave it in the hands of the Local Government Board to consider, and if they decide to issue some more strict conditions than these, or crystallise this general principle, surely we may be satisfied with that?

(*Mr. Willis.*) I think it is pretty obvious that at present you cannot very well crystallise it, that is, if you were to lay down any very definite condition that each man shall have been six months in a chest hospital, you could not get the men, and yet you see it is supposed to start on the 15th July.

(*Dr. Niven.*) I think the suggestion is a good one; I think it would be quite possible, if the Universities would move actively, to lay down a suitable course, and to give a suitable course of training, and I do think that it would add very greatly to the efficiency of the staff if you had men selected on some principle of that kind.

(*Sir George Newman.*) I am wholly in agreement with the view. My point rather was that this Committee should not take it upon itself to lay down what these restrictions and qualifications and conditions should be. I entirely agree with what Mr. Willis has said. We not only have not time to do it, but the appointments have got to be made before we can undertake such consideration. But we are really not the body to determine exactly what those qualifications should be. Personally, I hope we shall be satisfied with what we say in paragraph 27.

(*Dr. Niven.*) The point having been raised, I should like to point out, you cannot move profitably, you cannot set in motion a great machine of this description in a hurry, and it is not desirable to move more rapidly than you can equip yourselves with the best machinery, and for that reason again I think the suggestion is a good one.

(*Dr. Addison.*) I agree with Dr. Niven, but I think we might suggest the appointments which would have to be made in the beginning would be distinctly regarded as provisional in the large number of cases. We cannot staff a place with men who have not proper training until after a year, or perhaps three years.

(*Dr. Niven.*) That further criticism which was drawn from me is based upon that, that I think there could be no greater mistake than rushing up this machinery in advance of the best men to fill the positions. I think it is very desirable that you should get a first-rate staff of officers.

(*Chairman.*) There are two suggestions that were sent to me. They came from different sources. One was that we had put too great a burden upon the ratepayer in general, and that, therefore, our scheme would not be carried out, and the second suggestion was that we had not emphasised sufficiently the need for central control. Those are the two main suggestions that I have had sent to me informally in letters by two different people.

(*Dr. McVail.*) I have had another suggestion, Sir, made to me, that we did not quite sufficiently state the value of segregation for advanced cases, that while we referred to hospital beds and make incidental references to segregation, we do not anywhere clearly state that segregation is of value to the public health in respect of isolation of advanced cases. I have been looking through the Report, and I rather think there is something in that; we almost assume it rather than state it.

(*Dr. Newsholme.*) On that point, I may say I was under the impression that I had got a paragraph added to the Report, but looking through it this morning, when Dr. McVail mentioned the matter, I cannot find the paragraph in question. All through the Report, in actual fact, it is assumed that segregation in advanced cases is very important, but there is no explicit statement of the fact. I think we are all agreed about the fact, but we have taken it for granted that everybody else knows as much about it as we do.

Dr. EDWARD J. STEEGMANN, M.B., called in and examined.

1. (*Chairman.*) Before we begin, I think I ought to point out to you that we have asked you to come to have an informal discussion with the Committee, and not to come officially as a witness to be cross-examined on every question that we ask and every answer that you give to be published subsequently?—Quite so.

2. We thought, for various reasons, this would be the better form of procedure. It is quite possible that as the result of your talk with us to-day you may want to revise to some extent your memorandum before it is published, if it is published afterwards. May I ask before you begin; are you still Secretary of the Royal Commission?—I am, sir.

3. Now, in your memorandum, I notice that the first point you made is, that a Royal Commission is not the best body to carry out the research that may be required; would you just explain why that is so?—Because a Royal Commission is limited by certain Terms of Reference; and it is an extremely difficult matter to go outside these Terms of Reference, one of the greatest difficulties in connection with Royal Commissions is that owing to Regulations governing them, the work they do has to be kept as it were secret, that is, it cannot be revealed to anybody until it has been published in the form of a Report to Parliament—nominally to the King. For research, scientific work, one of the essential points to my mind is constant communication between people working on similar lines. For a Royal Commission it is very difficult to let other people know what preliminary work you are doing, because you cannot really publish it until you have satisfied yourselves that everything is certain, that is, you cannot publish uncertain things; you can publish Interim Reports; but the method is clumsy, and, as I say, the difficulties are considerable, as was our experience in practical working.

4. I gather from your Memorandum you have an alternative scheme to a Royal Commission; either the extension of this one, which I believe is not now possible, or the starting of another Royal Commission. You have an alternative scheme, have you not?—I have an alternative scheme, or I had an alternative scheme.

5. Well, you had?—I had and I have. I might say—one is not speaking, as you have kindly explained, for publication—that at a very early stage of the work, shortly after the issue of the second Interim Report in 1907, my Commissioners themselves realised the difficulties of their work, and that in order to complete it it would have to go on for an indefinite, and certainly a prolonged, time, probably an indefinite time, and they themselves suggested an alternative scheme to the Local Government Board, by which they would have ceased to exist as a Royal Commission altogether. The work would have been carried on on practically the same lines, under, as it were, an Advisory Committee, on which they, of course, themselves, would have been perfectly willing to serve if they could have removed the restrictions affecting the work of a Royal Commission. I am simply mentioning this because it is in connection with the Commission of which I am still Secretary. I do not want to say anything that I cannot explain to you has the approval of the Commissioners, or had, and they themselves were quite of the opinion that a Royal Commission is not the best means of carrying out such work. Certain schemes were suggested, not officially, because, under the Terms of Reference, they had no power to make recommendations, but unofficially a letter was written by the Chairman to the President of the Local Government Board, setting out certain points, certain reasons they had for thinking that the Royal Commission was not the best way to carry the work on, and suggesting other means, and saying that if the alternative scheme, the outlines of which they gave with the letter, was adopted, then it would be better that the Commission should cease to exist as such, and that a Final Report could be presented dealing with some points, but leaving certain others for further investigation by another body to be constituted to take over their work with their approval.

6. But practically I gather from what you say that their suggestion was that the same body of men as represent the Royal Commission should carry on the

work of the Royal Commission under an Advisory Committee appointed by the Local Government Board?—No, Sir, that the Advisory Committee should be appointed and include a representative of the Local Government Board. This, mind you, is five years ago that I am referring to; that is that the Royal Commission should practically continue, but not as a Royal Commission, as an Advisory Committee rather.

7. That is to say that the Royal Commission, if their suggestion had been accepted sooner, would have ended as a Commission?—Undoubtedly.

8. And their work would have been carried on?—Their sole stipulation being that if they did voluntarily resign—I take it nobody has power to stop a Royal Commission; that is a difficult question to settle—they would have given up their work before they finished it provided they were satisfied that it would be carried on by people qualified to carry it on. That was not accepted, and so they continued to carry out certain investigations that they thought absolutely necessary. When they issued their Final Report they had not in the least satisfied themselves that they had done all that had to be done.

9. They were strongly of opinion that the work which they had begun should be continued?—That is so, Sir.

10. Then your suggestion was that this work should be carried on at Stanstead, or at some similar farm?—That is so. It was one of the essential ideas that in order to carry out research work on Tuberculosis adequate accommodation is necessary, adequate accommodation for keeping animals, not in a confined space; that is animals other than the usual routine, laboratory animals, such as guinea-pigs, and possibly rabbits; that when you are investigating questions which must bring in bovine tuberculosis you must be able to use bovine animals. Blythwood farm, which was lent to the Commission by Sir James Blyth, now Lord Blyth, was suggested, not as absolutely essential but as a going concern that could have been taken over.

11. Is it still to be taken over?—I am not qualified to speak as to that, but I know the farm is still in existence and the laboratories that the Commission erected are still there, and the keys of these laboratories are in my possession. Officially the Royal Commission has resigned the possession; unofficially I have stuck to them. I am speaking unofficially, Sir, for the simple reason that I wish to put it perfectly plainly and bluntly that I have never ceased to hope that the great work which has been done there might be continued there or somewhere else, and I have hung on to the farm. I do not wish to say I consider Blythwood the only possible place—but a lot of money was sunk on it. We put in gas and water, and built laboratories, and so forth, and, as I mentioned in my memorandum, I think that if the principle is adopted of the necessity for some such place, if Blythwood is not available it would at all events serve as a model for what experience has proved to be necessary.

12. I am going to ask you presently if you will just give us a little more information as to this farm, but before that I notice that you put forward six main points on research problems—lupus, tuberculin, and others?—Yes.

13. Would you like to put in more facts in connection with those six points—they come in in your memorandum—the problems to be investigated?—I want to explain that I cut my memorandum as short as I possibly could, and if I had put in the details of what I considered ought to be done and how it was to be done it would have been of intolerable length.

14. These six points are the most important points?—They are merely outlines, and I do not know that they contain all the more important ones. For instance, I have said nothing in this memorandum about the problem of big tuberculosis. I did not want to enter into technical details, or worry the Committee about that, but the mere fact that the pig is the only animal which will harbour all three types of the tubercle bacillus, and the possible administrative measures which will arise out of that eventually, quite apart from the possible danger to man and the possibility of the pig being a kind of clearing-house, that alone is an extraordinarily important thing to

investigate. I speak with great deference on scientific matters, Sir, but I think nobody can fail to appreciate the fact if you want to work on pig tuberculosis in a way that will satisfy the vested interests of the pig owner, you must work on the pig himself and for that purpose you must have a place where you can keep him. You cannot keep a pig in an ordinary laboratory.

15. You come back to your original point that a farm is necessary; is essential?—I think so.

16. Is there anything you want to say on lupus, that is your first point?—I should like to point out in connection with lupus I do not think many members of the Committee perhaps appreciate the enormous importance of the lupus work done by the Commission, because it is a weary thing to read through a Blue Book of this size, but the lupus work which was done by the Commission is absolutely original work. They started the same work in Germany and America, and they are following on our lines. The main point is this: that whereas most people are satisfied that you have bovine tuberculosis and human tuberculosis, and that either or both effects human beings in one way or another in varying degrees of intensity, and so forth, lupus supplies a tubercle bacillus, or rather yields a bacillus which does not conform to the proper types. That is, the lupus bacillus is, curiously enough, one which, though culturally it may be bovine in appearance, its virulence may be of the human type. Out of 20 cases of lupus I think three only were found by the Commission which yielded a bacillus identical in all respects with one or other of the two established types of mammalian tubercle bacilli. This again is more or less in favour of having a place where you can have large animals for experimentation. The expert—I am not posing as one, Sir—is able to tell roughly from the virulence of the bacillus to a rabbit what will be its virulence for a bovine animal, that is, the rabbit and the bovine are susceptible in more or less the same degree to bovine tuberculosis. But in the case of lupus we have found actual viruses, one at least, in which the virulence of the bacillus for the rabbit varied very greatly from its virulence for the bovine, showing that certain more or less previously accepted facts cannot now be accepted absolutely.

17. That was entirely original work of your own?—Of my Commission, Sir.

18. I mean of your Commission, and you bring it forward because you think that there should be investigation to see whether other parts of the body besides the skin can modify the types: is not that so?—Yes. It is a curious fact that although the bacillus—the tubercle bacillus isolated from lupus lesions is virulent to animals as much as any other tubercle bacillus.

19. (*Dr. Addison.*) To what animals?—To monkeys, guinea pigs, rabbits, bovine animals, not in the same degree of course, but in varying degrees. Though it is fully as virulent as other tubercle bacilli isolated from human lesion, so far as I know, speaking as a clinician now, nobody has ever died of lupus, and, further, no internal lesions of tuberculosis have been found, that is, no lung lesions have been found in a patient suffering from lupus. I speak under correction, but I have not been able to find cases—and I have hunted for many.

20. (*Chairman.*) Then the next point is experiments on living animals, by which I gather again you do not mean guinea pigs, but larger animals in connection with the use of tuberculin?—That is again, I think, a point upon which a great deal of work is required; and now, Sir, I am speaking for myself, and not of course in any way for my Commission. I think, at the present moment,—speaking with the greatest possible respect to all users of tuberculin—that at the present time the use of tuberculin in many sanatoria is quite an empirical thing; that is, many people use tuberculin who do not know the origin of that particular tuberculin or the reaction that it may be having to the tubercle bacillus causing the disease in the patient.

21. The next point you make is Immunity. Now do you refer to immunity of human beings or of animals?—I do not divide one from the other. Obviously everybody knows that an enormous amount of work on immunity has been done by Metchnikoff and others who have worked on the general principle of

immunity. What I mean in this particular memorandum is immunity *qua* tuberculosis, that is specialised work on immunity: not necessarily a general theory of immunity of course.

22. The next point is connected with milk, apparently healthy cows producing milk with human tuberculosis?—That again was a point which was considered by my Commission at a comparatively early period—six or seven years ago, when the practice of vaccination of calves was becoming fairly general in this country—limited I think I ought to say chiefly to pedigree herds, and not necessarily to milk-producing herds. It did undoubtedly, I believe, in some herds greatly reduce the amount of bovine tuberculosis. Vaccination was done in early calfhood with doses, large or small—very large doses to start with, subsequently smaller ones, of human tubercle bacilli, the idea being to vaccinate the animal with one type against the other. Many of the results have not been published—a good many have; but, I believe, generally speaking, it was more or less effectual. But danger arose in the possibility of human tubercle bacilli inoculated into the animal—vaccinated into the animal in a living state, although not virulent to the bovine animal and producing no disease in it, whether they might not multiply and subsequently be eliminated in the excretions of the calf when it became a heifer or a cow. That was found to be a fact, and I think it is more or less accepted now in practice.

23. (*Dr. Addison.*) That is, if you vaccinated a calf with human tubercle bacilli, these human tubercle bacilli in no way affected the health of the calf?—They remained in the milk sinuses, and multiplied there, and were subsequently, when the calf produced milk, eliminated with the milk. That is, you had a healthy cow or heifer actually giving out in its milk human tubercle bacilli.

24. (*Sir George Newman.*) Human?

(*Dr. Bardswell.*) Were those virulent human tubercle bacilli?—Not virulent to bovines.

25. But to human beings they would be?—Presumably they would be, but they could not be tested.

26. Where did you inoculate the calf?—An ordinary subcutaneous vaccination.

27. Where?—I believe it was done on the shoulder, or the flank, but that was a varied practice.

28. (*Dr. Paterson.*) Were these bacilli injected into guinea pigs?—Yes, but the guinea pig is equally susceptible to human and bovine.

29. Dr. Bardswell was asking whether they had any virulence?—They were tested.

30. (*Dr. Niven.*) In how many cases was it found that human tuberculous bacilli remained in the cow?—It was not found in many instances, for my Commission did not report upon it officially because it was not an investigation which they took up. We found it in about half a dozen cases. It is reported in one of the volumes in our appendix; I can give you the reference to it if you wish.

31. Was the elimination considered to be a serious danger to human beings?—I think the danger is obvious. Of course the danger is not so great now, because I understand that, both in this country and Germany, the practice of vaccinating calves with human tubercle bacilli is largely given up for that reason, but the danger is obvious, because whatever people's ideas are as regards the danger of bovine tubercle bacilli to human beings, I think nobody has any doubt that the human tubercle bacillus is pathogenic to human beings.

32. That was not quite what I meant. What I meant was whether the elimination of the human tubercle bacilli was in sufficient amount to constitute serious danger, or was comparatively slight?—That again brings one to the question of dosage, which is a very difficult question to tackle, as to what dose of any form of tubercle bacillus is necessary to produce tuberculosis in man.

33. Was any opinion expressed in the report as to the danger involved?—No definite opinion was expressed, except that the mere fact that the cow, apparently in good health, was eliminating or could eliminate human tubercle bacilli, was *ipso facto* a danger.

34. (*Dr. Addison.*) Did you find any cows eliminating human tubercle bacilli in their milk, apparently

healthy cows which had not previously been vaccinated?—We have found apparently healthy cows, which had not been vaccinated, eliminating tubercle bacilli in their milk, but not the human type. We have never found a cow naturally suffering with tuberculosis of the human type.

35. You never found a cow with human tubercle bacilli in milk, not previously vaccinated with it?—No, I do not think anybody has found that.

36. (*Dr. Niven.*) Would it not be a natural inference from these results that the human tubercle bacillus had succeeded in planting itself in the bovine?—It had succeeded in remaining alive and multiplying, and the question, of course, is one that I am not qualified to discuss. It is more a physiological question whether the multiplication took place at the time when the cow became pregnant and lactated, or whether the multiplication of the bacilli had gone on for some time. Undoubtedly the bacilli had remained alive, not affecting the cow, or producing any lesions.

37. But that seems a question which could be readily solved in such cases, and it seems one very desirable to solve?—I think it is a question which it would have been very desirable to solve at the time we first tackled it, but the urgency of the question depends very largely upon the question of vaccination, which I understand is being largely given up. It is recognised as a danger.

38. Quite, but still in such cases you have the elimination after the inoculation of the calf and human tubercle bacilli assisted into the cow or being eliminated through the milk. It should not be difficult to establish definitely whether that was due to a definite invasion of the cow, or whether it was persistence of the virus without any definite invasion. That seems a very desirable thing to ascertain?—Yes, I should say so.

39. (*Chairman.*) Your next point is the presence of the bovine bacilli in the case of human pulmonary tuberculosis?—Yes, that is, to my mind, a very important point. I fear to weary the Committee in any way, but my reason for bringing that in is Professor Koch's statement at the last Washington Congress. He originally stated that the bovine tubercle bacillus was not a danger to human beings at all. It was subsequently proved by my Commission, and German workers, and others, and generally accepted, that bovine tubercle bacilli were an undoubted danger to human beings, chiefly to children and infants, and then Koch made a statement at the Washington Congress—he is dead, and one speaks with the deepest respect for him—to the effect that it was certainly established that the bovine tubercle bacillus was a danger in one particular way, but that it had not yet been found that the bovine tubercle bacilli had ever caused pulmonary tuberculosis—I mean ordinary consumption of the lungs—pulmonary tuberculosis in adults. And that was true at that time. My Commission had not found any pure uncomplicated case, pulmonary cases, primary pulmonary cases, due to bovine tubercle bacillus, possibly due to the great difficulty of getting post-mortem material. But before the statement was made my Commission had appreciated the fact that we had not enough pulmonary material, and we had already started investigation into pulmonary cases by means of the sputum. Koch subsequently made the suggestion that sputum should be examined upon a wide scale. We collected sputum from 28 cases. I do not want to put the slightest importance upon numbers or percentages, or anything, but at one particular hospital, by the great help and courtesy of the resident doctors there, and the staff, we were allowed to investigate cases, and we took 28 cases of young adults suffering from, so far as could be told clinically, nothing but uncomplicated pulmonary tuberculosis; that is, they had no abdominal lesions whatever so far as one could find them clinically, their sputum having been examined microscopically, just to see that it did contain numbers of tubercle bacilli of one sort or another. We examined their sputum, it having been collected under the strictest precautions, and in a manner which eliminated all possibilities of outside infection, and out of those 28 cases we found the vast majority due to human tubercle bacilli. But two of them, both young men, were suffering from pulmonary tuberculosis caused by the bovine tubercle bacillus,

and by nothing else. We failed, after repeated examinations of those two cases, by the sputum only, to find anything but the bovine tubercle bacilli, both as regards cultural characters and virulence.

40. (*Chairman.*) May I ask when was that?—That is mentioned.

41. How long ago?—That is about three years ago. It was just as the Commission was drawing to an end, and we could not, owing to the pressure brought to bear on ending the work, carry that further. I simply set that out as a preliminary positive result. Both of these cases subsequently died. Unfortunately they were away from hospital, and I was unable to keep in touch with them, and so the results were not verified by post-mortem examination, and I want to attach no more importance to them than that.

42. You say this is three years ago, and has any research on these particular questions been done since?—So far as I know, not on any sufficiently large scale in this country, but it is being carried out in Germany.

43. With what results, do you know at all?—That I cannot tell, because they have not been reported upon, but the last private information I had from Berlin was that they had examined something like 60 cases on the same lines as we did sputum cases, and had failed to find any due to the bovine tubercle bacillus.

44. Was that one of the points you wanted taken out—one of the lines of research?—It is, because you see one of the arguments is, and the only thing my Commission lays stress on is, the danger to children and infants of the bovine tubercle bacillus. I am not speaking from knowledge, but simply it is an obvious possibility, therefore, that we might find by careful examination that other classes were suffering from tuberculosis of the bovine type.

45. (*Dr. Jane Walker.*) Were the occupations of those men known?—Curiously enough one of them had been a butcher, but how long he had been a butcher I cannot actually tell you. Of the other one there was absolutely nothing known, but so far as that is concerned I do not attach much importance to it.

46. (*Dr. Niven.*) Do you consider that some of the work that the Commission left undetermined is the question as to whether bovine tubercle bacillus had passed into the human form?—You mean the question of modification?

47. Do you consider that the Commission settled definitely that there were two distinct species which could not be commuted one into the other?—In the second Interim Report certain viruses were left indefinite. Originally, the general idea of the Commission was that there was a possibility of modification, because they found in certain cases after long periods that the virulence, after a long series of passage experiments with a bacillus which was not originally virulent to bovines subsequently became virulent to them. They came to the conclusion then, or rather had an idea, that it might be an instance of modification taking place, but subsequent work seemed to lead more to the idea that it was not modification, but presence from the beginning of two types, that is, mixed infection, but it is an uncertain matter; it is one which still wants working on.

48. You consider that question is not definitely, is not finally, settled?—I do not think it is finally settled, simply from the analogy which we have undoubtedly found in lupus. I think that lupus probably supplies an answer; at all events a guide upon which there is varying opinion.

49. For instance, we are told there are a large number of experiments which were made upon tuberculous lands, and some of them gave bovine bacillus, whereas bones and joints in 60 per cent. gave bovine bacillus, and 27 per cent. gave human tubercle bacillus. There is no special reason that one set of bovine should be affected more than another by generalised tuberculosis, the question arises, does it not, where the cervical glands generate, and it can still be proved modified particular bacilli?—That might be, but so far as cervical glands are concerned, one is rather getting on to vague theories, but it is true that cervical glands in children, in a large proportion of them—I do not ever like to take the figures because it bears so much upon the total number, and they are deceptive—but a large proportion of cervical gland tuberculosis

cases in children is undoubtedly due to bovine tuberculosis, and they seldom end fatally, I should imagine.

50. Practically you do not admit that bacillus can be modified?—No; please do not take that, sir. I have an absolutely open mind on tuberculosis; I feel quite ignorant of it.

51. (*Chairman.*) The next point is the channels of infection, the amount and frequency of dose, and the possible danger from flesh?—That is one point of my Commission's work which was not touched on at all; that wants working out; that is what I referred to a little while ago, the question of dosage.

52. (*Dr. Addison.*) Did your Commission—I have read the report—obtain any statistics as to milk infection?—Do you mean from their own work, or specially collected?

53. From their own work?—No, we did not deal with statistics at all; I do not think you will find percentage is mentioned once in the whole report.

54. Can you point us to any reliable work on this subject?—The difficulty in all these questions, of course, is how the milk was examined.

55. Yes, but is it a subject that needs examination?—I think so.

56. But, of course, the whole question of milk supply and period of milk—I am not talking about that just at the moment, I am speaking of infection through milk?—I think, sir, that the question of milk infection has got to the stage of administrative measures rather than research measures.

57. You think it is sufficiently dealt with?—I do not think it is sufficiently dealt with, and I hope much more information will yet be found, but I think the work of my Commission, and the Local Government Board, and the reports of the Local Government Board and so forth make it absolutely clear that there can be no doubt that milk is a very potent source of danger. The point that I think wants further investigation in connection with milk is whether that danger is limited to one particular class of the population or to more.

58. That is the question I was coming to?—Yes. I know nothing about it, for the simple reason that we do not know anything of the susceptibility of the adult to bovine tuberculosis.

59. (*Chairman.*) While we are on that; you must have had a large number of cases in different stages of tuberculosis. Did you try the experiment of keeping any of them in the open air to see whether they became better?—No, you see the whole point here was, we kept all our quarantine animals in the open air, but once we had used them for inoculation purposes, they had to be kept separate in sheds. We were not dealing you see with the curability of the disease, but with the pathogenetic effects of the bacilli and the differentiation between them, and to keep all your inoculated animals in the open air would have created a serious danger of mixing infection; we kept all our healthy animals in the open air, and incidentally I made a number of unofficial records as to the amount of milk supplied by two similar cows; one kept out in the open air, and one kept indoors, but that was not in any way connected with tuberculosis. All our infected animals were kept almost as if in an infectious diseases hospital, each in its separate stall with a separate man to look after each particular group.

60. Return for a moment to the Advisory Committee; that is the next point in the memorandum; would you explain a little more what you have in mind. You refer here to the appointment of a small Advisory Committee?—Yes, I think that the Advisory Committee is required to deal with research—I am referring only to tubercle research at the present moment, because I do not know whether this Committee is dealing with research generally. But I think that a small Committee of research experts, that is, men who are dealing practically with the work; perhaps some of them clinical experts, too, is the right body to decide upon what lines further research is required, to decide how it should be carried out, be responsible for it, to receive reports and suggestions from other people as to what should be done.

61. I notice you make a point of the need for a fixed income; it is impossible to frame estimates?—That is a very important point in dealing with research work on a large scale; that is work that requires

experiments. During the work of my Commission I was solely responsible for the whole of the finance for the whole of the time, and I met with the greatest kindness and courtesy always from the Treasury officials. It was an extremely difficult thing sometimes to frame estimates 15 months ahead, because you have to send in your estimate for the financial year beginning on the 1st April, 15 months before the end of that year, and it is an extremely difficult thing to forecast the extent of any particular line of research and the expenditure that is going to be incurred on it.

62. I suppose you cannot guarantee the money that you will require, or what you will find when you have spent that money?—No, I think a fixed income, to cut your coat according to your income, rather than decide on what coat you are going to have cut, and then find you cannot pay for it.

63. (*Mr. Willis.*) In the middle of the year—if you found something wanting—much more money, you could not go on with it?—That did not happen once.

64. Assuming it did. It is not at all impossible that it might?—It might undoubtedly.

65. (*Dr. McVail.*) The Advisory Committee would be for the purpose of advising those responsible for the administration of the money?—No, sir; I should say that they would be responsible for the money themselves.

66. They would have charge of the money then?—They would have charge of the money.

67. That is, that the money would be handed over?—A fixed annual sum would be handed over from this 50,000*l.* or 60,000*l.* for them to deal with as they thought fit, subject of course to the Treasury audit or criticism.

68. What do you think would be the comparative merits of an Advisory Committee with power to dispose of the money on the one hand. I do not see how you can call it an Advisory Committee for the moment. Who are to be advised by the Committee if they have control of the money?—The Insurance Commissioners.

69. But if the Advisory Committee themselves have the control of the money, how are they in the position of advising the Commissioners?—Well, I do not want to stick out for that particular.

70. I just want to get what is in your mind on the subject?—You might call them a Research Committee.

71. It would not be advisory really?—It would advise to begin with, on the establishment, and then it might take over the work.

72. Yes, it would be a Research Committee?—It would of course be responsible to the Insurance Commissioners.

73. How would an Advisory Committee of that kind compare with the suggestions that there should be a Director of Research as an advisor individually of the body, with control of the funds?—That is a point on which you will of course have differences of opinion put before you.

74. Yes, quite so—I think that undoubtedly the Advisory Committee will want certain officers. I should say they will want two chief officers. They will want a secretary, who will be a man who will not appear in the full glare of publicity, but who will run the show very largely; but they will want not what I should call a Director of Research, but a Superintendent of Research.

75. (*Chairman.*) What do you mean by a Superintendent of Research?—I mean a man who will possibly do some work himself, who will be a man of high standing, a man known to have done good research work, who will be able to do a good deal of work; who will, one might so put it, supervise some work in other laboratories no doubt, and be in touch with all the research work, whether done in sanatoria or subsidised laboratories, or in the Insurance Commissioners' own laboratory. The essential thing is that research should be co-ordinated, that is that the work, even if it is done independently, should be done with a common object, that there should be intercommunication between the different workers, and the Superintendent of Research would, I think, very largely be the man who would do that.

76. He would link them all up?—He would link them all up, visit the laboratories where other work was being done, and without in any way interfering with the work actually done in these laboratories, would

be able to report to the Committee, the Research Committee or Advisory Committee as to what was being done.

77. I notice that in your memorandum you say that the farm should work normally with sanatoria; by farm you mean the laboratory, not connected with the farm?—I mean the farm with the laboratory, the laboratory is the chief thing there.

78. Now would you mind describing what you mean by a suitable farm?—By a suitable farm I mean a place where you have first-class laboratory accommodation, where you have sufficient room to keep a large number of large animals quite apart from small animals, where you can breed a healthy stock of animals and where you can inoculate animals, pigs or other large animals, in sufficient numbers and keep them apart from each other; that is if you inoculate one or two cows with Strain A, which may be of one type, you have got sufficient room and accommodation to be able to isolate them from any fear of infection from a group of cases inoculated with Virus B, which might be of another type.

79. What would be the acreage roughly; what had you in your mind?—I should say you want—that would entirely depend—you see the more land you have the less the cost of running it where you have land on which you can grow your own hay and so forth. The farm that we had would cover about seven or eight acres altogether.

80. May I put it in another way. How many bovines do you want to keep and how many hundred pigs; what accommodation do you want?—Well, I should not want very much accommodation to start with, perhaps accommodation for keeping 30 or 40 infected bovine animals, perhaps, at the outside, but room to increase if necessary. I should say probably at the start it would be enough to have room to keep 20 infected pigs, but if you had more room you could increase as the necessity arose.

81. (*Sir George Newman.*) What do you consider the size of an ideal farm for research purposes?—I should say from 50 to 70 acres.

82. (*Chairman.*) 50 to 70 acres?—Yes, somewhere about that; but that includes, of course, pasture land for keeping your healthy stock.

83. (*Mr. Willis.*) If you are going to investigate immunity on 30 or 40 animals; you could not draw deductions from that number, could you, at least not satisfactorily?—The question was very carefully considered and the Commissioners came to the conclusion that the minimum number of bovine animals that should be used in order that you should be able to draw any deductions such as you are suggesting with regard to immunity would be 100, and it was for that reason that we did not tackle the subject.

84. The variation in animals is so great that even 100 —?—That would be the minimum, not the ideal.

85. (*Chairman.*) And what sort of staff would you require?—At the laboratory?

86. At the farm?—At the farm and laboratory. You would require your resident investigator and probably one qualified assistant, and you would require a skilled laboratory assistant and perhaps a laboratory boy. This is for the start only, and then you would require, varying according to the number of animals you had, and the amount of land you had, people to look after the animals, farm labourers and so forth.

87. You referred just now to a superintendent of research; would his laboratory be at the farm?—No, I should not think so. I should think some of his work would have to be done there, such work as he did on the larger animals would obviously be done there; he would co-operate with the resident man there, but there would probably for his own purpose have to be a laboratory at the headquarters of the Research Committee.

88. (*Dr. Niven.*) He would not require the services of an expert veterinary surgeon?—I do not think so.

89. (*Chairman.*) Is it not the case that the Board of Agriculture have a farm and laboratory in which they are carrying out many, if not all, the experiments that you agitate?—I believe that they are carrying out a certain number and doing them well, but obviously the Board of Agriculture or any Government Department must look more to the practical side of research than the ideal side of it. That is, I think, that the

Government Department is more—I do not want to speak in any sense as if I were criticising it or anything of that sort—well, it seems to me that, speaking very generally, the functions of a laboratory attached to a Government Department are more the administrative utilisation of facts already found out and their practical application, rather than the hunting for things which are vague and uncertain and which may take a long time and lead to nothing, but on the other hand may lead to much. That is, I think, that the function of a pure research place such as I am advocating is to establish facts more or less and then hand them over to the Government Departmental laboratory for practical knocking into shape and consideration of any administrative measures to be based upon them. That is a rough general idea of the relative proportions of those places.

90. That is to say, you would not be satisfied with the work now being done on this particular farm connected with the Board of Agriculture I am talking of recently on the various points that you have put before us?—I am afraid I cannot express an opinion on that, because I am not in touch with the work. I have not been there for a considerable time, and I do not know what work they are actually doing, but necessarily a departmental laboratory cannot work on things or ought not to work on things which have not departmental significance. If I may say so, there is an administrative reason for it. I think I might put it this way, that a departmental laboratory should undoubtedly examine milk samples for things that are known to be in milk and to test the possible dangers of them, but I think it might be a waste of their time—they have an enormous amount of routine administrative work to do in the departmental laboratory—it might be a waste of time for them to examine every vague possibility. That should be handed over to the research man who has nothing to do with the administrative measures. At the same time it would be to my mind absurd to spend large sums of money on something which even if established would lead to no practical results, and that is why in my memorandum I said that the Advisory Committee should include one at least with administrative Local Government Board knowledge.

91. It is for that reason, I suppose, that in your memorandum you said that the Local Government Board's laboratory has not enough accommodation to carry out the work which you consider necessary?—I do not think it has for one moment. I think that the Local Government Board laboratory, and I speak in absolutely no discourteous sense of it—I have the highest respect for the staff there; I know their work intimately; I believe I took some small part in getting that laboratory established at the very beginning, and for its purpose as a departmental laboratory for certain work I think it is excellent; but for investigation into the possibilities, if I may so say, of tuberculosis where you must have large animals which you cannot keep in a place like that, I think it is absolutely unsuitable.

92. In fact you think its main function is routine work?—I did not say routine work, sir, but I should say its main function is routine work undoubtedly, and by routine work I did not mean simply chemists' work that you could hand over to a laboratory assistant; I mean co-ordinating a good many things and the practical application of many facts that other people discovered. But if you want to carry on the research that is absolutely necessary on tuberculosis, you must do it on a wider scale than is physically possible in a small—necessarily small, however big it is comparatively—laboratory without any accommodation for animals other than guinea-pigs and rabbits.

93. You do not think it is necessary that there should be any chemical association with research work?—Yes, sir, that is one of the things which I set out.

94. (*Dr. Niven.*) I made a reference to a veterinary surgeon?—What wants investigating are the possibilities of tuberculin, and you cannot possibly investigate tuberculin unless you co-ordinate your sanatorium beds with your research laboratory.

95. (*Chairman.*) One of the main things which I wish to emphasise, it strikes me, is that in your opinion research in connection with large animals on a suitable farm is essential?—Yes, I do, sir.

96. And roughly, in your memorandum, you say that 5,000*l.* a year is needed to run such a farm?—I think roughly about that.

97. (*Mr. Willis.*) That would cover 100 animals, this 5,000*l.*?—No, I never mentioned 100 animals.

98. You did just now when I spoke about immunity; you said what the Commission contemplated was 100 animals?—No, I said they came to the conclusion that if they were to undertake research into immunity in the short time at their disposal, that is as a temporary Commission, it would be necessary for them to have at least 100 animals; and it was for the reason that it was practically impossible to have so many animals, partly on account of the cost and lack of accommodation that they did not undertake it. But even though you did do it on 100 animals it does not necessarily follow that you need do it on that 100 animals all at once.

99. Obviously it is desirable to get a thing like that done as quickly as you can. The 5,000*l.* a year, would that cover the cost of the farm with 100 animals?—I doubt whether it would cover the cost of the farm with 100 animals, if your hundred animals were limited to one year.

100. And you are of opinion that it should be based on many more?—I agree with that absolutely, but surely the question of immunity resolves itself very largely into a question of how long that immunity is going to persist, and therefore you would not have all your animals at once.

101. But supposing you are going to try to establish that by vaccinating cows. You want to get the same thing all along and to see whether it returns, to see that they remain free or not?—Yes, you probably would have to keep a good many of them.

102. It would not be any use simply for 10 animals to keep them for a year?—Of course. The 100 animals does not include controls either.

103. I gather that your chief objection to proceeding by a Royal Commission is that they have got to have terms of reference, that was your first statement; that was one point, and then you further state work has to be kept secret; they cannot publish uncertain things now with regard to the terms of reference; that I suppose could be met. We could draw the terms of reference just as wide for a Royal Commission as for a Research Committee or Advisory Committee. That is not an essential objection?—No, because, as you know yourself, sir, the actual terms of reference to my Commission were so vague that I think one could have almost included anything in them.

104. I have had experience of a Commission that has gone on for a long while, and I feel one of the most uncomfortable moments comes when the State wants to know when it is going to be finished?—That is so.

105. And although they agree to give you the money year by year, they keep on with running comment, and the Commissioners get rather annoyed with them from time to time. They talk as though the Commissioners were getting large salaries out of the thing, instead of giving time for nothing?—There was pressure brought to bear on my Commission. I do not wish to speak contrary to any official regulations, but I want to make it perfectly clear that in the case of my Commission the Treasury throughout, when they once saw the reason for things, when one was allowed to discuss them with the man to whom the thing would eventually go, never once made the slightest difficulty in regard to funds when they realised and understood the necessity for the expenditure. Everything was discussed before the official demand went in. The whole of the pressure brought to bear on my Commission in connection with its work, to hurry it up and stop it, and to hand it over to other people, came from the Local Government Board, not from the Treasury.

106. How long was your Commission in existence?—The terms of reference and the appointments were made in 1901.

107. And you say is still existing?—They took about six months erecting laboratories and deciding on what they wanted and that sort of thing. No witnesses were ever called before my Commission. All their work was done in their own laboratories, and the experimental work actually started in March 1902; and the first Interim Report was published —

108. I only wanted to know how long you had gone on?—And the Final Report was issued last July. There are still three volumes of the Appendix to come out, but whether the Commission still exists officially or not I cannot say.

109. I gather that you have really considered an Advisory Committee composed of men such as you had on the Commission is the right sort of body to direct research?—I think so, provided it is not too big.

110. You think a small body of men? I quite agree?—I think so.

111. And you also wish, as I gather, to have them free from any outside pressure—left to go on?—Within reasonable limits.

112. Would you appoint, say, for five years, that Committee?—I should say that it would be a perfectly reasonable thing. I think it would be an unreasonable thing to ask for a Committee who sat still and did nothing, and showed no practical results for their work, that they should still be allowed to continue. I think that should be within the discretion of the Insurance Commissioners.

113. There is really a danger—probably you will agree with me—in giving a sum of money to scientific men—a certain sum of money with no limit of time, letting them go on. There is a danger of them going in for roaming inquiry which leads nowhere?—I quite agree, but I think there would still be a greater danger if you appointed one man, and gave him a roaming commission.

114. I quite agree; I should say that would be quite impossible?—Yes.

115. (*Dr. McVail.*) How would a Committee with these experts co-opted—how would a Committee of that sort work, part of the Committee having control of the funds, the other part being advisors of experts, who could go to those in control of the funds, and could point out the position as you did to the Treasury where you had no difficulty whatever?—I do not quite gather the point.

116. (*Mr. Willis.*) On that question as to whether human beings suffer from bovine tuberculosis, you regard that as absolutely established, do you not?—I do.

117. Absolutely established?—Yes. I consider that these experiments that I have specially referred to—these are the only ones I want to draw deductions from—were of such a nature that you cannot deny that bovine tuberculosis may cause pulmonary tuberculosis. That it is frequent, of course, is a different matter; that I want to know more about.

118. I was rather thinking, not of those alone, but your observations with regard to children. I mean bovine tuberculosis, as I understand it, undoubtedly causes a good deal of disease in children?—There is not the slightest doubt about that.

119. It is absolutely accepted now?—It is absolutely accepted.

120. I came across a statement the other day, that in the Channel Islands they have no tuberculosis in cows. I made inquiries whether there were children suffering from glands there, and I found that practically they did not suffer at all. That seemed to be rather a striking fact. They have no tuberculosis in cattle?—Are you referring to Jersey, Sir?

121. Jersey?—It is not quite correct to say they have no tuberculosis in cattle; it is, I believe, about .06 per cent. in 10 years, but it is so small as to be almost negligible, although there is undoubtedly some. But we get all our calves from Jersey. Throughout we imported hundreds of healthy calves with the most careful precautions, because it was the one place where we could get tubercle-free cattle.

122. What sort of results would be possible if these experiments you made in the case of 28 cases of pulmonary tuberculosis were very much extended. You found two which were undoubtedly affected, you say, with bovine tuberculosis; do you want to go any further?—I do.

123. Why?—Because I fail to see how you can establish—I am not laying down the law, I am speaking from the point of view of an ignorance which I think perhaps is shared by others—I fail to see how you can, other than empirically, treat with tuberculin a disease caused by a bacillus, the origin of which you do not know, the type of which you do not know. I think, myself, if you are able to get a better knowledge as to the type of tubercle bacilli, whether bovine or human, causing the disease, and, if human, of

the varying virulence and cultural characters of the bacilli, all of which you would find out in this general hunt that you might get some definite idea as to the right form of tuberculin to use; you might have to make your tuberculin for each particular case from that case itself, but in the meantime to take 150 cases in one sanatorium and dose them periodically with a given amount of a given tuberculin, no matter what that tuberculin is, is not scientific. It may do good in a few cases, it may possibly do harm in a few others; it may possibly do a lot of good by encouraging patients to think something concrete is being done; but it is empirical.

124. I quite agree. My question was rather this—that I gather you say you have established that some form of tuberculosis is caused by the bovine form of tubercle bacillus. You agree that children suffer from bovine tuberculosis. Administrative measures can follow on that; you do not want anything more?—Administrative measures can follow on the danger of milk to children, because I think that has been established on a sufficiently wide basis, not only in this country, but in France.

125. And you say, therefore, it is very important to keep our milk free from tubercle infection?—Yes.

126. And I suppose you agree those who consume meat?—That I do not know enough about yet; I do not know the danger to the adult, even if he does eat bovine tubercle bacilli.

127. What would you gain if, instead of finding two adult cases with pulmonary tuberculosis of bovine origin, you found 1,000 or 10,000; what are you going to gain by it? You have found, you say, that you may get bovine tuberculosis in the human adult from the bovine bacillus. What are you to gain by going on?—Assuming that I had 100 instead of only 2?

128. You examined 1,000 cases, and you found 100 of them due to bovine tubercle bacilli?—Surely that would be sufficient ground for making investigation as to how the bovine tubercle bacillus had got into them. If you found it there in 100 cases you would have to find the source and the channels of the infection, and then you would have to consult the Local Government Board as to meat regulations, if you found it was due to meat.

129. In those two cases you were not able to prove what it was due to?—We simply wanted to find out whether the bovine tubercle bacillus could cause pulmonary tuberculosis, a possibility denied by Koch.

130. (*Dr. Newsholme.*) In the earlier part of your evidence you were speaking about pig tuberculosis?—Yes.

131. And you were suggesting to the Committee that investigation as to the generalisation of tuberculosis in the pig could only profitably be made on experimental lines on a farm; do I understand that?—I do not think I used the term generalisation, because obviously you could make a lot of experiments, or at least get a lot of information as to the generalisation of the disease, by simply examining carcasses, which we did.

132. I am wanting to know from you, for administrative purposes, why investigation in pig tuberculosis in the laboratories, such as the Local Government Board possess at the present time, cannot be effectually carried out?—Because you cannot re-inoculate the disease into the pig.

133. I want to find a distinction as between the bovine and the human?—All three types of tubercle bacilli you find in the pig.

134. You tell the Committee that the avian bacilli which occurred in the pig, cannot be distinguished from human or bovine bacilli existing on a farm?—I do not say that for one moment.

135. Then I ask you again, why cannot investigations for administrative purposes in regard to pig tuberculosis be carried on at a laboratory at which only small animals are available?—Because it is not sufficient. You want to make regulations as to the danger, in one form or another, of tuberculosis in the pig. You might perfectly well hunt for particular types in the pig; you might grow cultures of one particular type or another, and although you might find avian or other bacilli in a pig in certain lesions, you cannot tell whether that lesion is not perhaps

unimportant or peculiar to that particular pig, or something of that sort. You must re-inoculate a series of pigs with that particular tubercle bacillus to see the effect on the previously healthy pig.

136. You regard Dr. Eastwood as a competent worker on this subject?—I do not, of course, know what experience Dr. Eastwood has gained since he had the advantage of working in your laboratory.

137. Do you regard Dr. Eastwood as a competent worker?—I look upon Dr. Eastwood as an extraordinarily able man in the line of work that he had to do with the Commission, but whilst he was with the Commission he had no inoculating work to do whatever, and he was not in touch with sick animals in any way, and although I believe Dr. Eastwood capable of acquiring any knowledge within a reasonable time, I should hardly take his opinions as to the clinical signs in a sick animal, or the virulence of a particular virus to an animal.

138. Dr. Griffiths was also employed?—Dr. Fred Griffiths, undoubtedly, because he was licensed and had charge of animals, and his opinion as to virulence would be valuable.

139. If Dr. Griffiths and Dr. Eastwood were to come here and say in your presence that the administrative problems in connection with the prevention and spread of tuberculosis from pigs to man could be satisfactorily settled in the laboratory in which only small animals were available, what answer would you make to that?—I should say for my own part—I do not speak as an expert in this matter—but I should venture to disagree, and it is for that very reason that I think these matters must be submitted to a Committee of experts.

140. As they are prepared to say that it is a question of their expert knowledge against your secretarial knowledge?—Possibly; you might put it that way, of course.

141. (*Mr. Willis.*) Would you state what you think the investigation of pig tuberculosis is needed for. I rather understood it was this way. It was stated by one Commission, I think the one prior to yours, that pigs suffering from tuberculosis in any part should not be allowed to be eaten at all; that is, the whole animal is liable to be infected throughout with tubercle, so that all of its flesh should be destroyed. Looking at it from the point of view of the layman who wants to administer this, that is the sort of point which appeals to me. We want to know whether we are justified in allowing the destruction of the whole carcase of the pig, because you find in some part of it some small amount of tubercle?—Certainly an investigation of that kind could be made perhaps better in a laboratory without the farm. I am not speaking of these particular administrative questions which, as I have already said, are the very points that I think departmental laboratories should investigate, but what I mean is this, that you cannot possibly, to my mind, investigate the general theory and general wide knowledge of a particular disease as it affects a particular animal if you simply study the natural disease in that animal. That is, to my mind, you must study the artificially produced disease to know the time it starts, and so forth, and from that point I must still stick out to what I said. I do think, although the administrative measures as to the possible danger of eating one part of the animal or another, can be adequately investigated without a farm, the theory of the disease, the general knowledge of the disease in pigs could not be investigated properly unless you inoculate previously healthy animals having no trace of disease.

142. (*Dr. Newsholme.*) Subsequently, it comes to this, that for administrative purposes all that is needed can be done in a laboratory on small animals?—Undoubtedly; but when you want to investigate the disease, get more knowledge for administrative purposes, you cannot limit yourself to animals which have naturally got the disease, because you do not know how they have got it.

143. (*Mr. Willis.*) You want to cure a pig by the effect of sanatorium treatment?—I should like to find out; but I do not think I should want to worry about that, because, curiously enough, a tuberculous pig is generally a very happy animal, and is fat and well as a rule.

144. (*Dr. Niven.*) From your point of view it would be desirable that similar experiments should be carried out in all the University laboratories throughout the

country. There is no reason why they should not take a small piece of land, and carry out some of these experiments; it would be a great advantage if such experiments were carried out?—In theory, the more research work that is done by men qualified to do it, the better, but I do not think it would be practicable.

145. (*Dr. Newsholme.*) With regard to the concession, do I understand you to voice the wishes of every member of the Commission in saying that an experimental farm should be continued under the auspices of the Government? I should like an exact answer to that point, or are you here only speaking your own opinion?—I am not voicing, as I was careful to express several times, the opinion of my Commission at the present moment, because I am not here as representing them, but the opinions of my Commission were very clearly set out in a letter dated October 6th, 1908, addressed by my Chairman to the President of the Local Government Board, and that is their last collective opinion upon the subject, and I do not think I am justified in going beyond that.

146. (*Chairman.*) They were unanimous then that it should?—They were unanimous that it should. It would be quite easy to call for that letter if you wish.

147. (*Dr. Newsholme.*) In that letter, I think I may say, they expressed the view that they could not possibly settle a number of practical questions, and these must be taken up at a later stage at some permanent establishment?—Yes.

148. (*Chairman.*) Could we have this letter?—That letter is available, sir. It was of a semi-official nature, but it could be called for.

149. (*Dr. Latham.*) But is not that question answered to a certain extent by the fact that I understand the Commission applied to the Local Government Board that they should cease to act as a Commission, but that they should go on in another form?—No, they did not apply in that way because there was no necessity to apply to the Local Government Board for anything; they were an independent body.

150. Did they not suggest they should become a permanent body in another form?—They suggested that until certain questions, which would take a long time, were settled.

(*Mr. Willis.*) May I suggest that the exact way in which the Tuberculosis Commission came to be wound up or not, is hardly germane to our inquiry?

(*Chairman.*) It was Dr. Newsholme who raised it.

(*Mr. Willis.*) I know.

(*Chairman.*) Perhaps Dr. Newsholme would like to continue?

151. (*Dr. Newsholme.*) I raised it preliminary to a further question, and that was this. The point is this, what is the special advantage of a permanently organised farm over work let out to an expert who had a farm in his possession, and who could be guaranteed a sufficient sum of money for a sufficiently long series of years. At the present time — could do any expert work required to be done on the farm, so could the Board of Agriculture, so could Professor Sims Woodhead at his farm at Cambridge. Now, will you explain to the Committee why the Committee should recommend the setting up of a permanent establishment with a permanent laboratory staff, rather than they should give 5,000*l.* a year to one of these establishments for carrying on such work as may be needed on the farm?—Because at the present moment there is absolutely no such place in existence. You mention the field laboratories at Cambridge. Professor Woodhead is coming before you, and he will be better qualified to speak on that than I am. But they have five or six workers working in that place; they have very little separate accommodation, and my idea is you must have tuberculosis research kept separate from other work. You want to have this work worked out where there is nothing else. For the present, at all events, you must have room to keep your animals separate.

152. (*Mr. Willis.*) Is that true of the Board of Agriculture Farm?—Of course, I am not qualified to speak for the Board of Agriculture either, but I think they have other things to investigate besides tuberculosis.

153. (*Dr. Newsholme.*) Take the allotment by the

Development Commissioners to Sir John McFadyean on this question of immunity; would your opinion be that that money would have been better allotted to a permanent farm such as we are now speaking of?—I do not think so for one moment. That was excellently allotted, because it was allotted to an expert who could do work in that particular place.

154. In that particular place you would prefer the expert, as it were, ear-marked for that particular task, than to employ permanent experts on a farm?—I think undoubtedly there will be the expert in the special place, but there are many experts, and this Advisory Committee, so-called, will have to ask certain men to do certain work, men who have not got the farm accommodation, and surely it would be a material advantage to them to be able to keep some of their large animals at the Committee's own place.

155. You do not think the existing farms complete?—There are workers of tuberculosis who have not got a farm, who have found considerable difficulty.

(*Dr. Leslie Mackenzie.*) May I venture to ask one other question. I should like to know whether at one time or another it was not the wish of the Local Government Board itself to have a farm. Perhaps Dr. Newsholme would not mind telling me; perhaps I had better withdraw that.

156. (*Chairman.*) Does Dr. Newsholme prefer not to answer that?—It might have answered the questions he asked me.

157. Would you prefer not to answer the question, Dr. Newsholme?

(*Dr. Newsholme.*) There is no foundation for the suggestion made in the question; we will put it that way. The confusion in Dr. Steegmann's mind is between the Local Government Board and an official of the Local Government Board, which are two very separate things.

158. (*Dr. Leslie Mackenzie.*) You mentioned a moment ago about the difficulties that have arisen on some farms that have been used. Is the difficulty due to want of money or want of space, or to the nature of the farm? You have suggested that a farm should be specialised absolutely for tuberculosis. Is the difficulty you spoke of due to the fact that those farms are not?—You see the farms—by farm I mean suitable place for animals—that are at present in existence, cannot limit themselves entirely to one disease, or even one of several.

159. Assuming that, and assuming that they were to get funds from this source, is there any reason why they should not be developed on the special lines?—Developed for other diseases subsequently?

160. Yes?—None whatever, provided they had an option, even if they did not buy at once, to buy more land if necessary.

161. It really reduces itself to this, whether we want an additional farm, or whether existing farms are capable of expansion, does it not?—Possibly it does come to that, sir, but I do not really know at the present moment of existing cases.

162. The only point I wanted to get at was this; it was not anything in the nature of the existing farms that precluded them from possible use for the purpose of research on these lines—on the lines you have been telling us. I am not quite clear as to the functions or the position of the Advisory Committee which you propose—the Advisory Committee of expert scientific men. Do you propose that they should be a central research body governing the whole country, or that they should do work for the whole country, or what? I am not quite clear here as to what you intend?—Naturally they would do work for the whole country, but I should say that they would be delegated by the Insurance Commissioners, who, as far as I read the Act, may retain a certain sum of money in their own hands for research purposes. The Commissioners should appoint a small Committee not tied down in any way to any other body but themselves, but responsible, of course, to the Commissioners.

163. That is the point?—You cannot have an absolutely independent Committee, but I want a Committee appointed that would be, as it were, outside pressure brought to bear by temporary political heads.

164. Though responsible to the Insurance Com-

missioners, of course, the fund being an Insurance fund. You would appoint a Superintendent of Research; what would his functions exactly be; is he to superintend the research simply of this group of men or the farm that you contemplate would be, or is he to supervise research for the whole country?—I should think that he would be more in the nature of a sort of technical managing director of the Committee, as it were, *qua* research. There would be a lot of applications sent in to this Committee by people who wanted to undertake research. He would have to satisfy himself that their laboratory accommodation was sufficiently good and that the work given there was being properly carried out, and certain particular points he would do himself.

165. That would apply, of course, to all the laboratories in the country; I mean every place where special work was being done for this Committee?—Every laboratory that is subsidised out of the research fund.

166. So that your Executive Committee rather, and your Advisory Committee would be an administrative Committee to enable the Insurance Commissioners to organise research in all the laboratories in the country for that matter, and those that did get grants?—I should not say all, sir, but such laboratories as were capable.

167. Approved laboratories?—Approved laboratories.

168. You spoke about limitation of terms of reference. Of course, in a permanent body subject to the Insurance Commissioners they would have to specify from time to time what work was to be done, I presume?—Of course, there would be a general policy of research agreed on, to carry out certain difficult lines that wanted investigating, but constantly things might arise even out of that elsewhere that would need to be tackled.

169. Then you spoke also about Superintendent of Research dealing with special researches. Now, there are some four large laboratories in Scotland attached to medical schools. Do you suggest that nothing should be counted, as it were, except it was approved by this Superintendent of Investigation, or would it not, on the other hand, serve the public interest that all these established laboratories which have been established for general pathological investigation and bacteriology should give out their material independently, without having to be scrutinised and subjected to this Advisory Committee?—I should not say, sir, that the Superintendent or Director of Research, or whatever you like to call him, this man who goes round looking at the work in other laboratories, should in any way interfere with the work; but supposing, sir, that work was being done in various laboratories, the Superintendent would, as the work progressed—possibly being an able research man himself—be able to see how this, that, or the other could be improved by slightly altering the original arrangements and so forth. One does not want at the beginning, in trying to establish a new thing, to tie it down in all this detail.

170. I am not in the least against what you are suggesting, I want a perfectly clear mind as to what it is you are suggesting?—No, sir, I quite see. I think in this way, that assuming that you have this Advisory Committee of experts they must have someone to whom they can delegate certain routine matters, such as the visiting of other laboratories and the detailed construction of them, a man who will be available every day considering things. The Committee would not be meeting every day, I take it.

171. You suggest, for example, we need not mention any names, that, say, half a dozen men of European reputation in research in Great Britain—there are a great many more, but take half a dozen—that these men are going to be superintended by a Committee of scientific experts other than themselves, or by one permanent official. I wonder what you are going to gain in the public interest by that official; that is what I wish to get at. In Germany, for example, is it not the case that almost every man who has any original ideas in research has to fight his way to the front, and does it by creating an institute of his own. Koch was one of them, for example?—That is so, very largely the case, I think.

172. Now, do you think you will help research or tend to sterilise it by making every man in the country satisfy some such body of scientific experts?—I am not suggesting for one moment, sir, that every man in the country should be under this particular Committee.

173. You are suggesting that the money for research applied from the insurance fund should be done through this channel, and through this channel only, or would you suggest that the Insurance Commissioners should direct some of their money?—Taking simply that question of subsidies, as you would call it, I take it, to other workers, I assume there is a large sum of money to be devoted to this purpose of subsidy. There must be some qualified body to deal with the subsidies, and there must be somebody to satisfy the people who are giving out the money that the work is going to be properly done.

174. The money comes, of course, from the source we know. It is a parliamentary grant put at the disposal of the Insurance Commissioners, the Insurance Commissioners being each an expert in their own body who understands the problems arising. They have the power to appoint such officials as they wish to direct them or any Commissioners to advise them for any particular purpose, and for all purposes, permanent or temporary, what do you conceive the functions of this Advisory Committee to be over and above these powers? If we are going to advise the allocation of some of this money we must have a very strong case for subserving to a body of outside people as it practically would be?—I do not quite see.

175. I do not want to press you on an administrative question?—It is rather the vague way that you put your question, sir. It is so difficult to give a concrete answer to a vague possibility.

176. Well, you are putting the case before us of the appointment of a small Advisory Committee?—Yes.

177. Of expert scientific men to direct research. You are representing to us that it is desirable that that should be a permanent body, that it should be without limitation of terms of reference and that it should have a whole number of administrative functions, that it should, in fact, as far as tuberculosis is concerned, direct the research of the whole country. The funds of that committee are to come from the Insurance Commissioners?—Quite.

178. The Committee are to be responsible, though you have not put that clearly here, so far as I know to the Insurance Commissioners. Are you going to put it out of the power of the Insurance Commissioners to direct the specific work that these men are to do and let it be determined by the scientific experts themselves, or is there not within the Insurance Act itself adequate power for the Insurance Commissioners to get from time to time expert advice, either permanent or temporary, from any other source. What is the advantage, in other words, of this permanent semi-advisory and administrative Committee?—I do not see how the Insurance Commissioners themselves can direct research; I am very ignorant of what their powers are and what they have to do in other ways, but I think they have much to do besides research.

179. I am not suggesting they are doing research?—I should think the appointment of this Advisory Committee to deal with what after all is a very small proportion of the money which will have to pass through their hands is essential, but as to the way the Advisory Committee is going to work, as to the officers it ought to have, as to even the Superintendent of Research, you will not find anything about that in my memorandum, because I think the appointment of the Advisory Committee is the first thing and for them possibly to suggest or advise.

180. That is to say, advise the Insurance Commissioners what clearly would be the most profitable use of the 58,000*l.* for research. You would exclude from your scheme the other bodies such as the Local Government Board of Scotland, for example. I am a member of it and I am interested to know what place you give it in the scheme?—There are so many bodies one would like represented on it, and I think that all practical workers recognise that the smaller the Committee the better the work; that is the difficulty.

181. Even for an Advisory Committee?—I think for an Advisory Committee the smaller the better, but one would obviously like to have a representative of the Local Government Board.

182. And would you have the medical schools, for example, represented. They all run important laboratories and they are the centre of education?—I do not think they should be on the Advisory Committee certainly, sir, because in all probability work may be handed over to them. You see, it would be an extremely difficult thing for a member of an Advisory Committee, he being perhaps the worker or director of a medical school, to say—each one would be wanting to do so—“Now, I have got a clever man in my medical school, let him do the work.” I think the fewer vested interests, if I may say so, that are represented, speaking from the practical point of view, the better.

183. Are you not creating a new vested interest here that would tend to hinder and hamper research? That is why I am asking the question. You have spoken of a clear difference between the practical side of research and pure research when now in actual fact is that so. Has not every important research in infectious disease, in tuberculosis itself, in the last century, arisen out of practical necessities and been done by men who were actually concerned in the administrative work? In this case I put my question as wide as that?—I am afraid, sir, I must ask leave not to answer that question, because, honestly speaking, I do not know the origin of every research that has been done in the last hundred years; but I certainly think that a great many researches have been undertaken that have not had practical results, and I think that a good many that have had practical results have been undertaken from pure experimentation to see what would happen.

184. That is perfectly correct, but why do you draw such a clean cut decision that Government Departments should be limited to routine or things that are already known. A permanent Advisory Committee such as you suggest might undertake new work. Why should administrative bodies be limited to things which are already known when every hour of the day complications are arising. Take the typhoid carrier case, for example, which has altered the whole attitude towards the administration of typhoid. It arose out of practical necessities and the investigation of it has been done on thoroughly practical lines and yet thoroughly scientific lines. I am anxious to know why you draw such a clean cut distinction, because from personal experience it is not consistent?—Because given the additional time and the staff no doubt a Government laboratory, provided it was always carried on on uniform lines, would carry it out perfectly well, but a laboratory attached to a Government Department is necessarily, I take it, influenced. It is not under the guidance only of the permanent scientific officials, but must necessarily to a certain extent take its policy from the temporary Heads of the Government Department. I think that it has actually happened, sir, in more cases than one, that the permanent officials, the permanent scientific officials, seeing the necessity for something have been overridden by personal or political reasons of one sort or another and have not been able to carry out their wishes.

185. You are aware that the head of the Insurance Commission is the Chancellor of the Exchequer?—The head of the Insurance Commission is the Chancellor of the Exchequer nominally as a Government Department; however, that is a point we need not discuss.

186. (*Dr. McVail.*) I see that in the first paragraph of the problems to be investigated you write, “Continued research in connection with Lupus, with a view to ascertaining whether any other living human tissue in addition to the skin is capable of modifying types of tubercle bacilli.” Now, that is a question which you would put into the classification as not quite direct, as not administrative in the sense of the laboratory that you were thinking of, the Departmental laboratory?—No doubt, sir, it is pure inquiry.

187. And I think probably in your mind that is one of the questions, one of the class of questions, where you would have a little doubt as to whether there would be sufficient sympathy on the part of a body controlling the finances of the inquiry with the in-

investigator, a sympathy which would allow them to spend more money freely on such a recondite question as that, is that in your mind in suggesting there should be a committee of experts with direct control of funds? —Very largely so, sir.

188. Very largely; then supposing that instead of a committee consisting wholly of experts, you had a composite body in which you could really rely on sympathetic consideration, even on questions of that sort, that would largely perhaps remove your anxiety to have a practically uncontrolled committee of experts, would it? I mean, supposing that you had a committee partly lay, partly medical, but non-expert, and partly expert, co-opted experts, co-opted to a committee containing some lay men, and containing some medical men with a general knowledge of the matter, but not experts, and along with them another part of the committee consisting of tuberculosis experts, it would be the duty of the tuberculosis experts to bring before the committee as a whole the needs for research and the aims for research, even if they were pretty far-away aims; do you not think that a body of that kind would have some advantage over a committee consisting purely of experts. Let me develop my reason, it is a little argumentative. In the course of a lifetime an expert in public health when he begins his life, thinks there is nothing in the world but public health, there is nothing like leather, and he would sacrifice everything else to public health, but he is under the control of a lay committee, and he finds in the course of years, that lay committee has rejected various recommendations he has made, and in the course of years he comes to think that the lay committee are perfectly right and he was wrong?—I agree.

189. Do you not think there would be risks on the part of a committee wholly of experts to get into another groove to forget that there are other considerations and broader views to be had than naturally fill the mind of an expert?—I think, sir, that that danger would be likely to happen if the committee was composed of men who could not realise, for instance, that the bacillus affecting the human being occupies the human being, and that you have to think of the body as well as the bacillus affecting it, and I think it would be also a strong objection if the committee had uncontrolled command of unlimited funds. But the committee that I had in my mind has control only of an allocated fixed income; it must do the best it can with it, and it is responsible to the Insurance Commissioners.

190. Now what exactly is the relationship of these two: first, that it has control of the money, and second, that it is responsible to the Insurance Commissioners; at first sight they are a little contradictory?—The control of the monies is a matter that ought not to worry them. I can only speak of the experience gained on my own Commission. From beginning to end they were never worried by the expenditure of one halfpenny. They asked me, as the financial controller of the thing, whether money could be had for anything unusual, and I considered the matter with the experts of the Treasury. Within reason they were bound, of course, by limits of expenditure, but the main object was to elucidate urgent points. If you had, as you suggest, a composite committee, consisting largely of laymen, would it not be likely eventually to resolve itself into what I want from the beginning, that is, that those composing it would sub-divide themselves, and form a sub-committee of experts, and it would come to the same thing in the end.

191. I do not know at all; I do not say largely of laymen; I did not say how largely the laymen should predominate, but in the course of a lifetime one does come to believe that a layman is very important in a purely expert matter?—As a protection.

192. My point is, you would not be so much afraid of a committee of that sort. I quite see that what you wish is, that you should not in your investigations be hampered by constant criticism as to cash, as to how much you are spending, and that you could go into questions which at the time of their being gone into did seem remote, that you could go into those questions freely?—That is so.

193. Your purpose will be gained if you had a committee that protected you in that fashion?—Yes, I think so.

194. Then what would be the relation of your expert to this committee, or even to your committee of experts? You were talking of a director: was the director to have charge of the committee of experts, or were the experts to have charge of the director?—It is a question whether the dog wags the tail or the tail wags the dog.

195. What is your conception of it; what is in your mind?—Honestly speaking, I think it would depend largely on the man himself; I did not suggest in my original memorandum a director or superintendent of research at all.

196. No, but that question may come before this Committee; I am sure you will be glad to hear it?—I think any one man, however good, would not meet with the same co-operation, would not get the same confidence from other workers of equal scientific standing as a committee would; the difficulty of a committee such as you have in your mind—you call it a composite committee—is that with such I think that a director of research would be essential, because he would have to be practically the scientific expert to the composite committee.

197. He would stand in the relation to the committee that a medical officer of health stands in relation to the public health committee of a city?—Yes, he would.

198. That public health committee very likely containing one or two members who are members of the town council?—Yes, and if he were a tactful man he would get them to do exactly what he wanted.

199. Yes, exactly, and yet they may keep a little control on him, if he happened to see red now and then, and wanted to rush too fast?—Yes.

200. What is your view as to comparative merits of institutions or laboratories wholly devoted to tuberculosis as contrasted with pathological institutions where tuberculosis would be an incident, but an important incident? Is there room for both in your scheme, or do you think one has very decided advantages over the other?—I think the laboratory and farm should be limited to tuberculosis.

201. Yes; well, is that inconsistent with tuberculosis investigation being paid for, being subsidised when carried out all over the country?—By no means, sir.

202. The two would go together?—Undoubtedly. The more work done the better, because the more facts you get the better you are able to judge of their relative value.

203. And you are pretty clear, I take it, that there are advantages in having one farm laboratory where animals can be kept easily, and with a lot of ground round it, and so on?—Oh, I have no doubt whatever about that, sir. I would like to take, as my chief reason for that, experience gained since the Royal Commission's laboratories were given up. I was extremely anxious, as was indeed the Chairman of my Commission, that certain work which was actually in hand should be continued without a break, and through the generosity of the Grocers' Company, and through certain private help, and his own keenness about it, our chief expert, Dr. Stanley Griffith—I am speaking in confidence to this Committee here—has been able to continue work on similar lines and has done extremely valuable work.

204. He has got a scholarship?—He has got a scholarship and Professor Woodhead and the Cambridge authorities have helped him materially too. He has been given laboratory accommodation and animal accommodation in the Milton Road field laboratories at Cambridge, which have been referred to already in this Committee. He and others there realise the limitations of that place. There are seven or eight different people working at different researches, and there is not room for all the animals that are required for all the different things. There is ample tuberculosis work to occupy one place.

205. You think you want elbow room?

206. (*Dr. Philip.*) Just one question. Do you think, in the larger interests of research, it is well for the Advisory or Research Committee you have fore-shadowed to be attached so strictly to one laboratory,

or one farm?—No, I do not want it to be limited to that; I want this Advisory or Research Committee—Research Committee is the better name—to take the widest possible view of things, not to have all their work done in one particular place.

207. No, but they are none the less to be linked to one particular laboratory, and to one particular farm. Is there not a risk of them concentrating rather in relation to that particular institution—directing work towards that, rather than encouraging work all over the country?—I think it is no part of my scheme, sir, that they should be limited to that one.

208. Linked, I did not say limited?—I should say that that would be the headquarters for research, because there must be some place where the animals necessary for the work can be kept, and certain vague work could not be, if I may use the expression, farmed out. If you have a definite thing that is required, a definite scheme, or even if a man is specially working, as many workers are now, on some particular aspect or one particular department of the whole big thing, let him continue his work in his own laboratory, and let him be subsidised by and collaborated with the Committee, quite apart from the farm.

209. But you do not think it advisable to have the Research or Advisory Committee isolated in relation to any Institutions at all?—I do not think so, sir. But I have thought the matter out very carefully, and I do honestly consider from the experience gained not only in our own work, but in France and Germany, and also in America where tuberculosis work is done, that a farm is necessary. For instance, friends of mine working at the Pasteur Institute over and over again have told me the enormous advantage it would have been if they could have had a place such as we had attached to the Pasteur Institute for Tuberculosis only.

210. That is not quite an analagous case, is it, because you are not dealing in the Pasteur Institute with a Central Advisory Committee for the whole of France. My point is, supposing we are going to ask a Central Advisory Committee *quâ* Research in Tuberculosis, is it wiser to have that isolated, unattached and inorganic building, or is it best, as I understood you to foreshadow, to have it related closely to a laboratory and Research Farm of their own, so to speak?—I think this Research Committee will require its headquarters apart from the farm.

211. But still they are to be linked with an Institution which is to be there as a Research Laboratory and Farm?—I should rather say, sir, that the Research Laboratory and Farm is to be linked with them.

212. In the same kind of way as the other Pathological Laboratories of the country?—No, as one place set on one side for experiments on Tuberculosis that can only be done by the use of animals such as could be kept there.

213. And at which research could be conducted only which was initiated by them?—I think it is quite possible that other investigators wishing to work on certain points that would require perhaps confirmation, by inoculation of larger animals, should have every opportunity of doing it there.

214. Then my last question, sir. Is there not a risk, then, that you would limit the energies of other centres thereby?—I do not think so in the least. Might I say one word? I quite grant that there is—one must face the question—a certain amount of jealousy between investigators of one sort or another. One man is anxious to do a thing, and not let anybody else know he is doing it, in order that he may claim priority. Unfortunately we know all that, but I think it would be very largely the function of the Research Committee to get research carried out with co-operation, and to give every man working the greatest possible advantages; to let him share in the use of the Central Farm if he required it for special purpose.

215. (*Dr. Mearns Fraser.*) Referring to these questions of bovine tuberculosis, bovine pulmonary tuberculosis, you had two cases. Do I understand that it is your opinion that those were caused by the bovine tubercle?—All I can say about them is this; that assuming that if you isolated a particular tubercle bacillus from a case of pulmonary tuberculosis you could say that that tubercle bacillus was the cause of

the pulmonary tuberculosis, these cases were cases of bovine tuberculosis. The bacilli were typical bovine tubercle bacilli, both as regards culture and virulence, and, further, there was nothing else.

216. You found a certain percentage?—I object altogether to percentages. In 2 out of 28; it goes for nothing statistical.

217. (*Dr. Bardswell.*) You do not know how many hundred examinations there have been to find that in other cases, do you?—I do not know.

218. There have been a good many hundred examinations?—There have been a good many hundred examinations, I believe

219. And they have never found a typical case?—So far as I know; I have never seen any recorded.

220. We have found in 40 none at all?—Did you differentiate between the bovine and the human by inoculation tests or only culturally?

221. By inoculation?—On bovines, on actual bovine animals?

222. Yes.

223. (*Dr. Mearns Fraser.*) You have not definitely found out that the bacillus does not change its form; you could not assert positively that the bovine never becomes the human or the human never becomes the bovine?—I could not assert that positively, any more than I could assert that the avian cannot be transformed into the mammalian. Experiments have been done in Denmark and America, positive results have been recorded, but they do not bear criticism, some of them; I think nobody who knows enough to know how little is known would dogmatise on that point.

224. (*Dr. Latham.*) I take it that so far you have been discussing chiefly problems of etiology?—That is so, etiology and morphology.

225. You have not been discussing the question of research so far as treatment is concerned?—In connection with my Commission?

226. Not this morning?—No.

227. But you recognise, I take it, we want a good deal of research on that question of treatment; we want a good deal of clinical research?—I believe the sole object of research such as I have been outlining, it may seem a vague and optimistic idea, is to find some effectual cure.

228. So you would, so far as research is concerned, want three things; you want your clinical unit, your laboratory unit, and your farm unit; these things co-ordinating and co-operating as far as possible; you would agree with that?—Undoubtedly.

229. One minor point is the examination of expectation to see whether it contains bovine bacilli or human bacilli; that is a kind of thing that ought to be done at the laboratory rather than at the farm?—Undoubtedly, in the vast majority of cases; in sanatoria even. I would have it done at sanatoria provided a man was there capable as he would be at many sanatoria of making a pure reliable culture. But although you would find—please check me if I am going beyond my question—that the vast majority of cases of pulmonary tuberculosis that you would examine would give you typically easy growing cultures, you would find a certain number which did not grow so easily. You might possibly find a still smaller number which grew with great difficulty, that is, you would come down to a small number, perhaps not more than 2 per cent. of the total number you examined, where no man could tell you from their cultural characters alone, whether they were bovine in type or human in type or of some hitherto undiscovered type. You might make inoculations into rabbits, and even that might not satisfy an expert, because an expert now knows that some tubercle bacilli do not act on the rabbit as they act on the bovine animal. Where trade interests may possibly be affected by bovine tuberculosis, the bovine animal itself must be used for experiments that will satisfy trade interests.

230. So that even in that point where at first sight one would think the whole work could be done at the laboratory it is necessary in your opinion to have a farm?—I think so, undoubtedly, and that answers one of the questions put to me just now as to the advisability of having a research farm directly under the Research Committee, because they would be able to have the necessary animals there for these few possible cases that I anticipate will arise, where the ultimate

judge as to the type of the bacillus must be the bovine animal.

231. There is another question with regard to the character, &c. I think we are all in agreement on this; you want to make the research as wide as possible; you do not want to limit research to pure questions of administration?—I do not.

232. Your object in this question of research is to seek for knowledge quite apart from whether in the end research is to be turned to utilitarian purposes or not?—There are bodies already in existence, departmental laboratories and such places, Board of Agriculture, Local Government Boards, in England and Scotland, where obviously the people, when a thing is discovered could go further into it, lick it into shape and make it of practical use.

233. You would link up the research that we are both thinking of, the Departmental Research Laboratories and other laboratories of the same kind, in this way with your research body, and they would find out various things, and when they had got to a certain point then they could be utilised by means of the Departmental Committee?—That is the idea.

234. Then another question; are you at liberty to tell us how much money the Royal Commission spent during its existence?—There is no secret about that, because the accounts have all been published. The only point is that it is difficult to draw any accurate comparisons between the amount that we spent and the amount that would necessarily be spent by another body differently constituted, because we had to do everything at once as quickly as possible.

235. I would put it to you in this way: how much money has been spent, and in view of your experience, supposing this research could be continued on similar lines, how much would it cost?—It is extremely difficult to say that, but I should say, roughly speaking, that wages, salaries, material, laboratory expenses, and all that sort of thing, quite apart from establishment charges, that is the capital expenditure, such as building of laboratories and so forth, and quite apart from one thing which is a very big item, and that is printing, on which I know nothing, I should say that my Commission spent on an average, during the 10 years it was in existence, about 7,500*l.* a year. I spent a very great deal more the first few years, and much less later on, but if this Committee wished it I could send you an analysed and detailed statement of expenditure under every single head, because I have got it all, but I do not think it would be very much guide to you.

236. Then if this farm were established at a cost of something like 10,000*l.* a year it would be of advantage to other such farms as there are in existence at present, because as I understand from you you will have some difficulty in drawing deductions from a comparatively small number of experiments; if you are to increase the field for experiment you add to the utility for research?—I think that this research farm, so far as experiment on animals is concerned, is the final court of appeal rather than the routine places are. There would be a lot of experiments undertaken on the ordinary laboratory animals; but on account of the cost you cannot carry out an unlimited number of experiments on bovine animals, and although there would be, the more the better, other laboratories with licences working, and certainly a certain number of laboratories without licences, I think there would be very little necessity for the establishment of any place other than the one I have in my mind for large animals.

237. (*Dr. Paterson.*) I take it that this money for research you are not intending it shall be limited to bacteriological research, but that it also should include research, social conditions, and other statistical research work, such as the incidence of disease?—I undoubtedly think that, and I include also under the heading of research a very careful examination into statistics of the cause of death from tuberculosis that are not based only on the doctor's certificate, which is not always reliable. There should be careful investigation into *post-mortem* records and *post-mortem* work that would obviously have to be done by many people, centralised and supervised.

238. With regard to your remarks about tuberculin, I take it that you would be in favour of having

a tuberculin factory in England as a part of your laboratory scheme, would you not?—I think that if a satisfactory tuberculin—one or more—is found there is possibly a danger of unreliable tuberculin getting on the market as unreliable vaccination lymph got on the market, and I think perhaps it will be necessary at some future time to have some central body, that would obviously be the Local Government Board in this case, which should have the supervision and control of the supply of tuberculin, as they ought to have had always in connection with vaccination lymph.

239. Did the Royal Commission do any experiments as to the infectivity of milk on animals?—Oh, yes, a considerable number.

240. Have the Royal Commission arrived at any conclusion as to the infectivity of milk on other animals?—On pigs and guinea-pigs and bovines themselves, of course.

241. (*Dr. Niven.*) It would be very desirable that provincial laboratories should be drawn into the scheme; research laboratories attached to the Universities in large towns, such as Edinburgh, Glasgow, Liverpool, Birmingham, Manchester, Aberdeen?—Undoubtedly. I co-operated in connection with my Commission with all these centres.

242. You would consider, I suppose, that there was a large amount of the best thought in the kingdom, the brightest, keenest, best educated young men at the Universities, which should be available at the local laboratories?—Yes, I should think so.

243. So that it would be extremely important to have those laboratories made prominent in any scheme of research, if practicable?—If practicable, have them all linked in.

244. Further, the local towns, that is the local councils, might be stimulated by the fact of grants for research given to their laboratories, to the laboratories in those places; they themselves might be willing to assist; it would be a stimulus to them also?—I think that it would be absolutely necessary for the collection of the large number of statistics that we should want as to the type of tuberculosis from which people were suffering to have work done at different places. It could not be done without local co-operation.

245. Then you would have the Central Advisory Committee and you would appoint a director, which committee would allocate, I presume, the subjects of research to those different laboratories in different parts of the kingdom; that would be the sort of idea, would it not?—I should take it it would. I should say that the research committee would do so; I would prefer to leave out the question of the director for the moment.

246. And I am not speaking of the director assigning it. The committee would define the different subjects of research, and the director would go down and confer with the directors of the local laboratories, and he would give them suggestions?—And receive suggestions.

247. And receive suggestions. Really, do you think that a man who had undertaken research of that kind would tolerate any interference of that description with his work? If you yourself were undertaking research and desired to carry it out, you would expect to be given a free hand. You would expect whoever gave it to you to say, "We want this subject looked into and worked out; we give you a certain time to do it. We would give you a certain grant, then leave you alone for a certain time?"—Might I answer that question by giving you a concrete instance? My Commissioners wished to have Theobald Smith's experiments and statements in regard to the acid-producing properties of tubercle bacilli investigated carefully from a clinical standpoint. We had no means of carrying out an elaborate chemical research in our laboratory on the cultures; it was a question of growing the bacilli for the highest expert we could find to do it. The Commission considered that Dr. Harden of the Lister Institute was the best man to do this, and we asked him to undertake it. He did: his report on the subject has been hung up a little time, but it will be issued as one of the volumes of the Appendix; it will be out in a few weeks' time.

I must state in confidence that he was the best expert we could find to do it. I think everyone would agree it was no part of my Commission's work. They handed the work over to an expert; they chose him because he was able to do it. They did not advise him or interfere with him in any way, but they took a deep interest in the work, and whenever they wished, or Dr. Harden wished, he used to come to lunch with the Commission and just tell them, not as receiving advice or giving advice, but simply dealing with his colleagues in the matter—tell them what was going on and how it was progressing. That would be the way I think it should be done. The Committee would be paying for the work and would be deeply interested in it.

248. That is one way of putting it, and that was a very specific subject in which this gentleman was an expert and had full command, but many people, I think, would be disposed to fear that the lines of their research would be ascertained and be utilised, for example, in suggestions to other researches, and so on, and I do think there would be a great disposition to reject any interference. Once given the line of research, they would expect to be left alone to carry it out, and, indeed, I think most men would not undertake, would not consent, to do scientific work if the work was constantly being looked into and interfered with. I wish just to put that opinion to you?—I quite see your point, sir, and I recognise it, and I also recognise this, that if the research committee such as I have in my mind, consisting of scientific men in the highest sense of the term, was appointed, they would ask men who were on a standing with them to do the work. And this question of men not saying what they were doing for fear the committee should take advantage of their knowledge and tell somebody else could not occur in the class of man we want, both for the worker and for the research committee. But surely, sir, what you say, that one working in a laboratory would not like to be interfered with or tell people what he was doing for fear that information should be passed on to some one else, surely that is a stronger argument than I could myself bring forward for having a central authority that would co-operate and co-ordinate other people's work, and get work done so that everybody working could know what the others were doing and general knowledge result. There has been a lot of good work spoilt by the fear of telling people what you were doing for fear they should publish their results before you did.

248a. The question does still remain whether you regard that as an unwholesome state of mind, or that scientific workers in general will not tolerate such interference; you know that?—I think there are men who are of that type of mind. I should say it would be the business of this research committee to find men who are not of that type, equally good.

249. (*Dr. Latham.*) You know the Pasteur Institute?—I know it very well.

250. Is it not the practice there that everybody who is doing work puts his cards on the table; there is absolutely no secrecy?—There is no secrecy whatever; everybody there knows what everybody else is doing.

251. That is true of the Pasteur Institute?—That is true of the Pasteur Institute; it is true of all good laboratory work.

252. (*Dr. Niven.*) Is it not the fact that a man has a natural tendency, a natural wish, to work out a problem himself, without communicating his results at the moment. If he takes counsel with others and tells them what he is doing the charm evanesces?—That is perfectly true. I quite agree that is legitimate and proper, but I think that a good worker such as you speak of, and such as there undoubtedly are, would have no hesitation in consulting over the table privately with the research committee as to his work; he would have no fear that they were going at once to put somebody else on to the same thing; what they would say was, "Do you want anybody else to confirm any particular results?"

253. Of course, finally, when all scientific work is in common, no doubt that will be quite so, but that is not a stage at which we have arrived?—Well, I think then I must have been particularly lucky with those

scientific people I came in touch with in connection with my Commission.

254. Is this central advisory committee to lay down the lines of research on social questions, those other means of work of which Dr. Paterson spoke, statistical and social, and all these other questions?—It is not to control the lines of anything, but it is to consult with other people, to receive suggestions from other workers, and to see which of those suggestions made to it are practical, and which can be carried out, and how, and how to get them done, and to allocate money to many people to carry them out.

255. But so far the money is allocated, it is to control the various lines?—I should certainly say that no Research Committee administering Government funds would have the right to hand over a sum of money to any man, unless they were satisfied that that man was capable of doing the work and had reasonable facilities for it.

256. So that if research is to be carried out locally, or by individuals, they must do it, at any rate, without the assistance of the insurance grant, unless they submit their methods and the whole of their work, the lines of their work, to the guiding of an Advisory Committee, before any grant is awarded?—That would entirely depend upon the type of man making a suggestion; for an absolutely unknown man, or a first year's student, that would be necessary; but if it were a professor, or a man of standing, or a man already known to have done good work, his advice—it would practically come to advice—would be taken, and I think this should not be done. They would say, "Can you undertake it?"

257. You would not be averse, then, if it were suggested to you that all good work has hitherto come, at least, not all, but a large amount of good work I say has come from private individuals who had that peculiar desire to work for themselves and to work unfettered, and on their own entirely by themselves, such as Dr. Koch and others, at various problems, and made their own materials in their own laboratories. When these men advanced a certain way, would you be willing to give the assistance from the insurance grant to work out their own salvation, so to speak, without giving in any definite scheme of action?—I should say, sir, that in return for any subsidies given by this Government Research Committee, the Government, as represented by the Insurance Commissioners, should have the right to see the results of the work.

258. You will be willing to give a grant to allow a man to carry out ideas in his own way, once you were convinced he was the right sort of man?—Very much, as those of us who have vivisection licences have to prove to the satisfaction of the Home Office, not only that we are capable of doing the work, but also the objects we have in view. You do not have to set out to the Home Office the sort of test tubes you intend to use.

259. So that your advice to the General Committee would be to give a sort of general directions? It would not be so much a controlling body as a body giving directions?—Only with regard to experiments that it itself initiated or wished carried out would it be the controlling body; but where applications were received by it for money to be given to other people to do the work it would be a judicial body deciding whether the end justified the means.

260. Then you do rather insist that when a piece of work is given out to a laboratory, however eminent, that there should be some person from the Advisory Committee going round and seeing how the work was going on?—If the man doing the work so wished these the Advisory Committee would send a representative, but it obviously would be far better to do what was always done in the case of my own Commission, that the man doing the work should attend the meetings or some of the meetings of the Advisory Committee and consult with them.

261. That is another matter; to that I quite agree?—Yes; that is what I should prefer, but that would depend on the standing of the man.

262. That is a totally different proposal, and one to which I should think would be very right and natural. What I object to is the idea of sending a man down to see what is being done, to make suggestions

during the course of the results; either you can get a man who can do first-rate work, and he will do it, or you will be unfortunate and do not get a good man, but you can do no good in making suggestions?—I do not want to interfere with any man, but the research committee must be satisfied in the case of an unknown man that he has the means to do it, good laboratory accommodation, and reasonably satisfied that he has the practice and mental skill to do it. But I should like every man working for the Committee to be in personal touch with the Committee, that is, to meet them and discuss the thing.

263. Would you be satisfied with that measure of control?—Certainly; there is one thing I should like to say in furtherance of your very point. You say that men working privately have made their reputations and discovered things, and so forth; that is perfectly true, but many of these men have lost their reputation before long by having hurried to publish their results and get in before some one else. Behring's own work on immunity and vaccination, which was boomed enormously three or four years ago, fell through.

264. That is the tendency of modern times, and also the escape of material which takes place by too much inter-communication.

265. (*Dr. Maguire.*) Would your Advisory Committee undertake the responsibility of advising the medical profession on treatment as the result of research work?—No, I should think that would be no part of their functions.

266. Would it not be in conjunction with the Local Government Board that they should advise the medical profession?—I do not think it would be any part of the research committee's work to deal with clinical work other than as clinical material, if I may say so. I think it is obviously the function of the research committee to search for remedies, if I may say so much in a vague way, but having found something, not to in any way interfere with the administrative measures of the Local Government Board. I said just now if a tuberculin was ever discovered, and I do not think there is one yet—an effectual tuberculin—then it would be the function of the medical profession as guided by the Local Government Board to advise such means as might be necessary for the proper manufacture and standardisation of that.

267. Referring to your work; supposing that you do an enormous amount of work, it then resolves itself into the practical question: How is this to be given treatment? Treatment that you say your body will not advise at all; the Local Government Board will not advise; do you simply leave your work open to the medical profession to suggest treatment themselves?—I think that would be the thing, sir.

268. You have no other suggestion to make?—I am dealing solely with research.

269. (*Mr. Stafford.*) You have been asked so many questions and you have answered them very fully; I have only one point I want to ask you about, and that is about your Advisory Committee. Had you counted the cost of this Committee?—That is a practical question, and that is where certain difficulties have arisen. I do not deal with that, although I put down a few financial recommendations. But I should think—I am simply throwing it out as a suggestion without knowing if you are to have a paid research committee—it would cost an enormous lot to pay the men of standing that you want to get on it adequately. To my mind it will be an honour to be on this research committee because it will be a sort of hall mark of being the highest authority on research that can be found. But I should say you could not ask a man to work for nothing, and I think the precedent of the General Medical Council will be the thing to follow. The members of that Council, I believe, have no retaining fee or salary; they meet periodically. This Committee will have to meet much more frequently, say one a month and at such other times as it may be necessary to call them together, and I should say, but I am simply throwing it out as a simple suggestion, that a fee might be paid to each member for each attendance; it might be a way out of the difficulty.

270. Something on the lines of the Royal Commission?—The Royal Commissions receive no pay whatever.

271. None but their travelling expenses?—None but their travelling expenses.

272. Do you think you will get men in the country to work upon those lines and to work voluntarily. A member of a Royal Commission works for a very short time and goes out of office, but these men are going to work practically permanently?—Of course they would have work at meetings and at a certain number of other times. Routine work would be done by men adequately paid; of course they would need officials, but I should very much prefer, sir, because it is hardly within my province, not to discuss in any way the question of remuneration or otherwise of the research committee. My sole object in life is to get the work done in the best manner possible.

273. It is a very material portion of the work of this Committee?—The payment of them?

274. Yes?—Possibly.

275. But if you have already existing a great body that is doing a certain amount of scientific work and is capable of controlling the scientific work why not extend the functions of that body and why not give them more help in the shape of experts to deal with this question?—Why should not the Local Government Board take over what wants doing?

276. Yes. They have a special department, they have a person at the head of it such as your director. There is no reason why the medical department of the Local Government Board should not do all you have said with regard to the inquiries of the committee, no reason why they should not take over your farms and the whole paraphernalia, is there?—Except, if we are coming down to definite things again with regard to the Local Government Board, it was expressly pointed out that such a place was not required by the Local Government Board.

277. Such a what?—A farm where animals can be kept.

278. But surely this is a new proposal arising under the Insurance Act; and this proposal has never been before the Local Government Board in its present shape?—I do not want to repeat what I have already said, I think, twice here, that I do not think any Government Department that has its policy in any way moulded by politics should have the control of abstract research, because there is always the danger that people will say “what are you driving at?” The Government Department always want to know. The Treasury even frequently asked me when I requested funds for an experiment to be carried out: “Well, what is going to be the outcome of this; how many cows will you require and what will be the cost?” If one could answer that it would not be an experiment. There is always the danger that Government Departments may be bound by red tape.

279. Any department which has to deal with the public money eventually will have to know what it is going to spend?—That is my whole point when I suggested that the advisory committee should have a fixed income allocated to it, one fifth, one tenth of the total amount, free for research.

280. Why set up a new department to control all this?—Because I take it that the money for research according to the Act must be retained in the hands of the Insurance Commissioners. The Insurance Commissioners are not to hand the money over to another Government department; they have to work it themselves. Surely if it had been agreed generally that up to the present time Government Departments had done all that is wanted in research, it would not have been necessary to allocate a sum of money under the Act to do it.

281. Surely they would have done it if they had had the money. Do you mean to tell me the Local Government Board if it got in 20,000*l.* a year under this Act, would not spend it and spend it wisely. The reason they have not done so in the past is quite obvious. They have not had the money to spend or deal with. Given the money, why should they not control it instead of setting up a new department. A new board to deal with this thing, which after all is only a portion of the whole scientific investigation which the Local Government Board are conducting at present with regard to other diseases?—Surely the questions you are asking me are rather questions for the committee to discuss amongst themselves.

282. It is only that you deal really so forcibly with these questions in your evidence and so well, I think, if I may say so, that I wanted to probe it as far as I possibly can?—I can only repeat, sir, that I think, however well intentioned, a Government department is not the right body to deal with abstract research. I can only repeat that; I do not say that I am right.

283. Does not the department in the end depend upon the men?—The very reason that it does depend upon the men. If you could be sure of your men, if you could pick your men and put them in your Government department, because they were qualified for research, let your Government department do it by all means, but you have got the men there already who in many instances are not qualified for research; therefore I want to have men who are qualified to do it.

284. Do you suggest men to deal with this other matter?—To deal with that and nothing else.

285. Are they not as competent and just as good men as the Insurance Commissioners will get who will have to it regularly?—The Insurance Commissioners have a perfect right to take what advice they like, but I would have this research work absolutely untrammelled by the control of any administrative Government department, no matter what.

286. Surely the Insurance Commissioners are a Government department in the end, "the man who pays the piper will call the tune"?—They are a Government department for this special purpose.

287. Quite?—I think I should prefer not to discuss this; it is rather a vague question.

288. (*Sir George Newman.*) Is it your view that the Advisory Committee should have the charge of all the money allocated to research or a certain fixed sum?—I think at the beginning a certain fixed sum. Your Committee here is appointed to discuss the problem of tuberculosis, and, therefore one has only got in one's mind tuberculosis, but, I candidly think there is no doubt about it, that there are heaps of other medical questions affecting the health of the people that require research, and there is no doubt big claims will be made and many other things will have to be brought in. It will be a question when any particular problem other than tuberculosis has to be investigated by the Insurance Commissioners whether or not they shall hand it over direct perhaps to some department or other that can understand it; or it may so happen that the research Committee primarily instituted for research into tuberculosis only may eventually become a kind of Advisory Committee on other questions of research outside tuberculosis, one does not quite know what will happen. I would simply suggest that the Committee should be appointed to deal with tuberculosis to begin with, with tuberculosis only, start the machinery for that and see how it works. It would be a pity to my mind when the thing is experimental, when my theory might break down altogether and the thing might be better done in a Government Department that you should allocate the whole of your 50,000*l.*, 60,000*l.* or 80,000*l.* a year to the control of one committee. Let them have a portion of it for a period of five years and see what happens.

289. And in that case, would you man it entirely by experts?—I think so, for research purposes.

290. Would you place the allocation of the large sum of money such as 50,000*l.* in the hands of an expert committee only?—No, not on the whole of that. I would, as I have said in my memorandum, settle a fixed income having only in my mind tuberculosis.

291. And only the 8,000*l.*?—8,000*l.* to 10,000*l.*; I should say 10,000*l.* if they have a lot of other things.

292. Then you are not making any suggestion with regard to the remainder of the research money?—I am not.

293. You are confining all your remarks to the 8,000*l.* or 10,000*l.*?—Undoubtedly.

294. For that particular kind of research on a farm?—That amount would be limited to the farm, and not include mark of research gradually growing up in other places too.

295. That would not come out of the 8,000*l.*?—That would not come out of the 8,000*l.*

296. That in addition to running an experimental farm of this kind you would also recommend subsidies

to be paid from the research fund to various provincial laboratories for other work than for work on tuberculosis disease?—Yes.

297. Your idea is not to bring that under the research committee you have been describing to the Committee?—I think that might be the function of the research committee eventually, but I think not until they have got the investigation of tuberculosis established and the general scheme in working. It might perhaps complicate the thing enormously, if they were to deal with subsidies for all kinds of research work for the first year or two. The thing is experimental really; the Committee itself is experimental.

298. Who should you suggest should appoint this committee?—I do not think I have made any suggestions about that.

299. No, not in your précis; have you any suggestion to make to the Committee?—I think, sir, the Insurance Commissioners on proper advice; I do not know; I should think possibly the Chancellor of the Exchequer might do it off his own bat, but I do not know.

300. You have no suggestion to make?—No, I wish to make no suggestion.

301. These six points of research you mention early on in your memorandum, are we to understand that it is your view that not one of these six could be rightly and properly conducted except on such an experimental farm as you have been describing?—No, Sir, I do not suggest that at all; all I suggest is, that some of them if not all of them, would eventually require to be investigated there.

302. Because the experiment would involve large animals, pigs and bovine?—Perhaps not the preliminary experiments, but substantially, all the experiments certainly would.

303. If I understand your claim rightly, it is that the investigation of tubercle which you have been adumbrating, would require such animal experimentation as would necessitate a larger laboratory, and further than that, a farm laboratory?—It requires accommodation for keeping animals in touch with the laboratories, a farm that is; it requires laboratory accommodation for animals.

304. Supposing the Local Government Board laboratory were taken into the country, or supposing they acquired a farm of 60 to 70 acres, would you still feel that it was unwise to place the research work that you have been describing in such a laboratory?—I still think, Sir, that it would have the fundamental objection of being largely bound down by red tape. I think that freedom of action would be lost largely.

305. Your claim that you would place no original research of this kind under the exact control of any Government Department?—That is so, Sir, no abstract research.

306. If you do not place your research under such a Committee as you suggest you fear that there would be such control or irritation owing to political and other reasons as might damage the work of the research you have in hand?—I would not like to go so far as that, because that would assume that I had no confidence in the Local Government Board, which is absurd.

307. I am not thinking of the Local Government Board; I am thinking of any Government Department?—I do not say the work would not be well done; I am convinced it would be well done under the control of the Local Government Board.

308. And provided they had lent a farm?—Provided they had a farm and that sort of thing; but I honestly think from my practical experience that the great difficulty is that expenditure of that sort has to be considered very largely by permanent secretaries and other people at the Local Government Board, who rightly and properly are not all of them possible experts in science, and would want to see beforehand and know beforehand the results.

309. For that reason you would appoint in any case an expert committee?—I would have an expert committee.

310. But the duties of that committee would not include such interference with the research as would damage the research?—Quite so.

311. But would include such control of the research as the person who pays the money has the right to claim?—I think so.

312. And you would say that any man who is not prepared to submit his work to such scrutiny as such experts would bring to bear upon it was not a fit person to be paid State money for research work?—I quite agree.

313. There was one other question I wanted to ask; I had a large number, but they have been asked by my colleagues. There was one question which I think was not quite clearly put to you. You say in paragraph 4, page 3, you want co-operation of sanatoria and hospitals for tuberculous patients with the experimental farm to be established. Now if that is at Stanstead or at Cambridge or at some farm in a remote part of the country, how would you propose to obtain that association? I am entirely with you about the association; how do you propose to obtain it?—By the simple carrying on of the methods of my Commission. I was in close touch with hospitals in various parts of the country and all the London hospitals. They were willing to help in every possible way.

314. In what way did they help?—They sent me notice of anything I wanted to know. I will give you an actual instance. Our farm was about 30 miles from London. Obviously if you had material you wanted to inoculate, it had to be got there very quickly. I received every morning from these particular selected hospitals a notice of a *post-mortem* examination. I had special boxes in which I sent the material obtained to the laboratory.

315. I am following you; you mean that the Association should be a pathological one, and not a clinical?—Pathological and clinical.

316. How is it going to be clinical?—Clinical, in regard to sputum for instance. As I said in answer to Dr. Latham and Dr. Paterson, you must have a large number of specimens of sputum examined, and the general results of cultures so made, a series of cultures it might be; for instance, if you wanted to have a large number of cultures for comparison, they would all have to be grown on the same batch of medium. It might be that the man in charge of one particular sanatorium would be in communication with the man at the laboratory, and he would say, "I want a certain number of special culture test-tubes; I want to try so and so; do you think it could be done?" The laboratory man might reply, "Yes; but I think I would work better on a different kind of culture medium which I can supply forthwith." That is what I mean by co-operation.

317. Do you think it would not be possible not only to allocate say your 8,000*l.* or 10,000*l.* to the Experimental Farm, but that some of the remaining subsidies coming from the Insurance Fund should be paid to collateral inquiries, which would work in with, co-operate with the farm work?—I do not say that the experimental farm should be a selfish place, and cut people out. I want it to be open to all good work.

318. (*Dr. Addison.*) With respect to your ground for saying that you must have a farm at all; going back to that for a minute, the need for this farm. Do I understand you to say without committing yourself to any details that the general opinion seemed to be on the recent commission on tuberculosis that it was desirable that some such farm should be continued?—Yes.

319. That is so?—Yes, undoubtedly. May I remind you of one or two points. Two at least of the members of the present Commission had been the chief workers, or as they were then called Assistant Commissioners, on a previous Tuberculosis Commission; I am speaking of Professor Sims Woodhead and Sir John McFadyean, one of whom is coming before you, and obviously will be able to confirm or contradict what I am telling you. They were given sums of money and paid expenses for carrying out certain definite research work for the Commission. Others were given other money, and a large number of witnesses—experts—were examined verbally and the results of the experiments done for the Commissioners and the evidence given before the Commissioners formed the basis of their reports. I think you will find that is so. Now when this last Commission was appointed, the Third Royal Commission on Tuberculosis, they had one or two preliminary meetings, and they decided as an absolutely assential principle based on their own previous knowledge and experience that the work must be carried out under

their actual supervision, and that it must be done in their own laboratories. They considered that they could not get the work satisfactorily done by farming out these vague questions, the reference to this Commission being just about as vague as anything could possibly be, at least in respect of the third term of it.

320. Is that decision on record? Can you point us to a place where that decision is recorded that they must have a place of their own?—Yes, sir; I think you will find it in the beginning of the report. I will find the reference and let you have it.

321. I want to put a further question on this point: was the Commission, apart from these experts whom I would consider interested persons, where the other members of the Commission generally unanimous as to this desirability?—Absolutely, they were unanimous because it was so obvious to them; besides which when you speak of interested persons I might point out that it was not to their personal advantage for the Commission to have its own laboratory, because some of the work might have been done in their own laboratories and paid for.

322. You give various reasons why this plan should be carried out. You said that the cows in Jersey were remarkably free from tubercle. Did you investigate the reason why the cows in Jersey are remarkably free from tubercle?—No, we did not investigate the reason of that because that was no part of our work. We took Sir John McFadyean's word for it and statistics; obviously, when you wanted healthy animals to inoculate you did not want any previous disease in them. We used all precautions in addition, quarantine and so forth.

323. Putting that on one side for a minute, do you think it desirable that research should be carried on in order to ascertain why it is?—Oh, the reason I can give you off-hand. The reason why tuberculosis is not prevalent amongst cattle in Jersey—Dr. Newsholme is, perhaps, better able to state this than I am—is because tuberculosis having been stamped out there, if it ever existed, and Jersey being an island, importation of cattle could be easily prevented. You cannot, I believe, import cattle into Jersey; I think that is chiefly the reason.

324. The statement is made, I see, in various quarters, that cows that are kept in the open air all the year round become less liable to tubercle and so on; so many of them do not develop it. Did you ever investigate that at all?—No, we did not investigate that.

325. Does it want investigating?—I should think if it could be proved that that is so, it would be of very material advantage. I do not want to enter into that question now, but the chief objection to open air in the winter I found was the supposed reduction in the quantity of milk.

326. Do you think that investigations of matters of that kind could be carried on at farms scattered about the country, which are not under immediate supervision?—I think, undoubtedly, they could be carried out. What you have to do would be this; you would have to have similar animals divided into two groups; one kept under cover, and the other group kept out all the year round, and you would, first of all, have to prove that the owner did not lose milk by not keeping his cow in a hot place. That is the supposed chief objection to keeping cows always in the open air. That might be a matter for investigation too. One does not put everything down.

327. The point you see is the research into the infection of pulmonary tuberculosis, the number of cases that might be bovine, and so on; are you of opinion, then, that the facts already established as to the infection of children, lymphatic glands, and so on, from bovine tubercle, is sufficient to warrant legislative action?—In connection with milk?

328. Yes?—I can only refer you, sir, to the words of my Commission in which they report that it should be so done. They strongly urged that regulations should be instituted or enforced.

329. You say research, what do you mean by research; you mean experimental research, do you?—I mean research in which experimentation is, of course, used.

330. Do you mean the collection, for instance, of statistics?—I include that under the heading of research too.

331. Enquiries we will say as to housing, ventilation, and matters of that kind?—Perhaps I had better call it acquisition of reliable data; that would cover all.

332. Do you think we should have a statistical department?—For the acquisition of reliable data, undoubtedly.

333. But you had a statistical department in connection with your Commission?—Most certainly, it was part of their work; the whole thing would have to be collated and collaborated.

334. But the kind of experienced researchers that you are speaking of are not necessarily the kind of people that you would want to employ for statistical research?—Undoubtedly not, but being good research men they would have, I should hope, the ability to find the right man, or to ask for advice in finding the right man to do the work.

335. Do you raise any point of objection, then, to having, say, statisticians and persons trained in the preparation of statistics, on your committee?—Sir, I should like every interest, and every profession, and everybody represented on this committee, but it is hopelessly impossible.

336. It must be a small committee?—It must be a small committee, otherwise it would inevitably break up into sub-committees, each one to deal with its own thing. Undoubtedly, sir, if it is a small committee of able men they will get outside advice from experts, if it was a question of statistics, for instance; but if you want to represent by an actual member of the committee every little possible thing that may have to be investigated, you will have to have a cow owner and everybody else on.

337. We want to have a committee that should have a very wide outlook, not to divert its energies too much into one groove?—Yes.

338. At all events, you think we should have a statistical department?—I think so, sir; I think that the collection of statistics is a highly important thing.

339. I want to get a little further to your reasons for your objecting to a single director of research. Do you think that that might, perhaps, be too narrow a person, or be likely to direct the money into his own particular fads, or what?—I do not think that one small head could hold all the knowledge that I want this committee to have. Another thing is, that a one-man show, if one may put it vulgarly like that, would not carry with it the confidence of all the men you want to bring in.

340. You speak of a central institute, or at least somebody did, and the co-ordination of work. Do you think it is very desirable that we should have some machinery for collecting the work which men have done, and bringing it together and co-ordinating it so that people would not have to be going over the same ground and looking up literature and that kind of thing?—That is the ordinary routine thing that you do; before you undertake a research, you naturally see what has already been done on it.

341. Well, but do you think that it might be carried to that perfection?—I think very often a lot of people might save themselves a lot of trouble if they read the literature on the subject before they tackled it.

342. Do you think it should be any function of this advisory committee to make arrangements for the co-ordination of literature and that sort of thing?—I think, sir, it would be as it was with my Commission, part of the ordinary routine work. I mean to say it is part of the work of the secretary; the advisory committee should be in touch with all the literature, but I do not think they should issue any special publication for anything of that kind.

343. What I am coming to is, you would not rely simply on their personal knowledge, what they happen to know; would you set up a bureau which was concerned with the collection of information?—Not at the very beginning; but the whole idea of the thing is the collection of information.

344. Yes, but I mean of the results of existing research; would you have that; do you think such an office is necessary?—One would see how things worked; at the beginning it would be part of the ordinary routine work.

345. But who would do it?—There would a secretary of this Committee who would have to see to things like that. If you wish for further information on that point, may I just tell you what I did in my own case, for my Commission. One wanted to keep in touch with all work that was being done on the same subject, but it was obviously impossible for me to read through every paper that was published; I employed a man, the assistant librarian of the College of Surgeons in fact, an extremely good man, and I got him every week to read through all the papers, the titles of the papers, and to make me a list of the titles of the papers on the special subject I wanted. He could not discriminate between research work and clinical work, but he sent me all the titles, and I weeded out from them and from the names of the men who had written papers I wanted to read. That was found sufficient and to such of them as were of importance I called the attention of the Commissioners. That was part the ordinary routine of the work.

346. A little further as to the existing laboratories. Is it your idea that this Committee, through a superintendent of research, or someone of themselves, or some person specially appointed, shall be able to allot tasks to certain persons?—If you like to put it that way, allot tasks to them, but I think that what will happen will be that they will call in others to help. There is a certain number of people, there are, perhaps, it may be half-a-dozen men who are known at the present time to be able workers on tuberculosis, doing special research. There are, for instance, certain men like Dr. Eastwood of the Local Government Board, who is known as an expert on the histology of the lesions produced. There are other men, I need not mention names specially, who are known to have done other special work on special lines, it would obviously be the function of this Committee to say: "Here is the man who has devoted a lot of time to this particular thing; he must go on with it, and we must help him to do further work on it." That might be allotting tasks to people.

347. I was only using the term?—I quite see what you mean, but quite apart from that there will be an number of applications, simply judging from the experience of my Commission, from all sorts of men either unknown or known, who will say: "I think that so-and-so ought to be investigated; will you give me money to do it," and that sort of thing.

348. Do you think it is desirable that this Committee should employ whole-time researchers, or should subsidise research at existing institutions, or should they do both?—Both. They should have one whole-time man at the farm and subsidised workers at other places.

349. Do you suggest that that is the type of work which you want to pursue, and the kind of work you would need a farm for?—Not for one moment. I suggest that it is the only kind of work for which the Research Committee should actually have its own man for the present.

350. You do not think you want an institute of research for other purposes than the farm with whole-time men. I am speaking entirely apart from the men who are working in existing institutions?—I think it is a question a matter which may come subsequently, but as the whole thing is more or less in the air at present, and you do not know quite what the functions of any one committee will be or how it will grow, I think it would be a mistake to aim at too much to start with. I think that whatever happens, whether you have the farm or not, that the central office or whatever it is where the Committee meets and the secretary has his headquarters, and people come up to meet the Committee, and so forth, will need to have some laboratory accommodation where you could make a few experiments and pathological examinations, and even a few inoculations on guinea-pigs, perhaps.

351. Is it your idea that we should eventually so to say pay researchers, give a living wage to certain

experimenters, that they should be paid out of this money, or will you simply give them a sort of small allowance?—I state here in my memorandum that a resident staff will be required for the experimental farm.

352. I am leaving aside the farm. Supposing we will say the Royal Infirmary has a laboratory in connection with Owen's College, or the University there, for instance, is it part of your programme that we might pay a man say a living wage who is working there?—No, part of my programme would be to do as the Commission actually did in one of the very places that have been mentioned. They wanted certain work done; there was a good man who was doing similar work in that place, and they paid him a fee to do some special work for them. He had already published a paper which seemed to bear on a particular point; the Commission saw one or two points that he had missed and asked him to repeat that work and bring them in. He was delighted to do it, and they paid him for the work, but he was not a wholetime man.

353. But now do you think that this giving of small subsidies is not liable to lead to what we call pot-boiling?—Undoubtedly, if it is done indiscriminately and injudiciously.

354. I should imagine you are much more likely to get good work done by a man who is devoting himself to research for a long period rather than if he is relatively a novice?—Oh, of course.

355. How would you get a sufficient number of men without paying them a living wage? Do you think there are sufficient men available now?—Yes, I think so.

356. Do you think there are sufficient men available of that calibre?—I think so.

357. Without paying them a sufficient salary?—Without paying them for whole time work, undoubtedly.

358. In existing institutions?—Yes.

359. As to your objections to Government Departments. Is this at the back of your mind to some extent, that a Government Department is necessarily influenced by its head, and Government Departments bound by a political chief must necessarily have regard to considerations of a particular character as to whether they might spend this money; is that your idea?—Yes sir, I think it might possibly be found if the research was in the hands of the Government Department, that what is necessary for research might be found to be not expedient for other purposes, for other reasons. A man keen on research, but with other duties to other people as well as to research might, perhaps unconsciously, not fight as he otherwise would for his scientific idea, because it might be inexpedient to do so for official or other reasons.

360. Of course, a Government Department has administrative work to do, did you suggest that as a reason; why a Government Department?—No, what I suggested is this: that once the abstract research becomes a concrete fact, if I may so put it, then is the time to hand it over for administrative purposes to the Government Department, because then they can deal with something definite.

361. But your main reason then is, is it not, that a Government Department is concerned in administration, and that therefore its whole interest is not in research, to seek out the truth for itself say, but that it is no part of the business of a Government Department?—It has not been hitherto.

362. You suggest that it should be regarded as such?—I suggest that it should not for the very reason that it has other functions to perform; an Administrative Department cannot be a pure research place, however much its officials may want it, if it has scientific officials. May I have it clearly understood by this Committee that in speaking as I do of Government Departments I am speaking of Government officials in general, scientific officials of the past and of the distant future.

363. Oh yes, we thoroughly understand that; you are simply expressing your opinion?—It is my idea of the principle of the matter, how I myself might perhaps be affected if I were a Government official, and did not want to offend my political chief.

364. You are interested in research apart from administrative considerations, that is your point?—That is so.

365. Respecting some letter that a discussion has arisen about; is it material to send us evidence that your Commission wanted this work to go on as a farm?—No, I can put that in a nutshell. I wanted to let this Committee clearly understand that when my Commission ended its work it did so under certain pressure; and I do not want anybody here to think that any single member of my Commission considered or wished it to be considered by others that they had completed the work; they wished the work to continue. They would have ended willingly as a Royal Commission some years ago had they been satisfied that the work would be carried on by successors qualified to do it in the same way that they were doing it themselves, and a letter was written by the Chairman explaining the position. It was a semi-official letter; it was written to the President of the Local Government Board as the head of the Government Department to which a Public Health Commission was nominally attached. That is all about it.

366. You do not want to enter into any details about it?—I may say that the letter was originally included in the final draft of the final Report. The letter, with a short explanatory statement, was actually printed and the Commission had met for the signing of the Report in its final form with that letter in it, and then they decided that, as it was no part of their Reference to make recommendations, the letter should not be published. That was the only decision that my Commission ever came to that was not unanimous.

367. And your present suggestion is that this Committee only have handed over to it a certain section of this 58,000*l.* a year?—Certainly for the start, because I do not believe in spending all in erecting machinery that may not be found to work properly.

368. In that section they should have an actual free hand for a period of time?—Yes.

369. Apart from any outside body, apart from the Insurance Commissioners, for instance, or the Treasury? Not from the Insurance Commissioners, but apart from the Treasury, and certainly apart from the Local Government Board. The general lines you no doubt will yourselves recommend, but whether the Insurance Commission should appoint this committee and give them a sum of not less than so much for the work, with leave if they wanted more to apply to the Commissioners for it, is hardly my business. The only thing that I did set out in my memorandum and that I wish to repeat is this, that once research is established it would be much better to have the research fitted to the income than to have to mark estimates. I am speaking of experimental research on animals chiefly and on research connected with tuberculosis, and it is a very strong point that I wish to urge that the work would be much better done on a fixed annual sum, the savings of one year to be carried on to the next; otherwise the tendency is to waste. Supposing you make a careful estimate of the cost of the work you are going to do. The work being experimental, you do not quite know what is going to happen. You add a little bit more for eventualities and 10 per cent. for possibilities and so forth, and you have got enough to do the work under normal conditions, and perhaps even under abnormal conditions. But towards the end of the year you find you do not need so much; you cannot carry on what you may save and so reduce your estimate next year. That money is lost. You are debited with having spent it, not credited with having saved it if you do save any. So the tendency where you have to make an estimate beforehand in all Government work is, if you have anything over to spend it before the 31st March though you do not really want it, of course if you have a fixed income of so much per annum you might in one year, as Mr. Willis suggested, suddenly find you wanted a little bit more, but you might possibly have saved a bit out of the previous year or you might if you showed an exceptional reason for it get a little bit more for that particular year; but generally speaking I think this research would be better done, as it is to be prolonged, on a fixed income rather than on an uncertain one.

370. You are not suggesting that the only kind of research that should be subsidised by this Committee would be limited to clinical laboratories and to the work on a farm?—Oh, certainly not.

371. You would not suggest that the work of the Local Government Board laboratory could not easily be extended?—Undoubtedly I think it could; probably money could be given to it for the purpose.

372. Though this point is the one you are particularly speaking on you are not wishing to exclude others?—I have not the slightest doubt, sir, that Dr. Newsholme himself would probably, if this farm laboratory was established, be very glad to have the opportunity of having some of the experiments the Local Government Board are carrying out on pigs extended there.

373. Then you have no way of suggesting the utilisation of clinical laboratories other than subsidising men who work there. You would not send a man, say, from Liverpool and Manchester to work?—I do not think so; it is not part of my present idea; all that is frillings to be added on. Later on you will see how the thing has developed. What I have been trying to urge is what I think should be done now, the foundation on which, if necessary, you can erect more buildings, but not the putting up at once of buildings in which you may possibly not be able to live.

(*Chairman.*) Than you very much; I am sorry you have had to stay so long.

The witness withdrew.

(*Mr. Willis.*) Dr. Steegmann has urged very strongly to-day that there should be this farm—a sort of Government farm. I fancy Mr. Stockman and Sir John McFadyean also both think that by spending the same amount of money on a large number of farms you could get a very much more extended basis of observation, and get more for your money than by spending it on a Government farm.

(*Chairman.*) You would invite them to come here and discuss Research? It would be as well to wait, because there may be questions we may have to ask on milk, having it in our minds to call them on research.

(*Mr. Willis.*) I say this to the Committee, that I think we are not quite justified in forming an opinion on this subject before hearing Mr. Stockman as to the way in which this business should be carried on, that is all.

Sir W. WATSON CHEYNE called in and examined.

374. (*Chairman.*) I have been reading through your memorandum. One of the main points which you make, it seems to me, is that as far as surgical tuberculosis is concerned, pure milk is the best form of prevention?—I think, if it turns out to be correct that most surgical tuberculosis cases are due to milk, and, of course, I am very much impressed by Mr. Stiles' researches, then, of course, that is the first thing to tackle.

375. Would you give us your opinion as to the danger from bovine infection? In your opinion, in surgical cases, is that the chief or a large source of infection?—Of course. I have not investigated it myself particularly. I was only reflecting the general impression I got from talking to men who have personally investigated the relative question of bovine and tubercle bacilli, and the clear impression I have got is that there is very strong evidence that many of the surgical tuberculosis cases especially are due to bovine tubercle.

376. That especially affects children?—Yes, of course.

377. I gather from your memorandum, too, that the treatment in such cases is much longer than the treatment for pulmonary tuberculosis?—I presume so; at any rate, of course, in the lower extremities they cannot walk about to begin with, and, therefore, you have to keep them until they are absolutely well. I do not know whether you cure pulmonary tuberculosis much more rapidly, but treatment of a surgical joint disease, certainly, I would not put it at less than two years at the very shortest on an average.

378. Then, after two years, can the individual go to normal employment?—I should think it is comparatively a few that can even at that time.

379. Well, economically then, is it a sound proposition to treat them and cure them?—If you cure them, yes. It is an expensive proposition I should think. I should think it is perfectly sound, but it is most expensive.

380. It is expensive because of the length of treatment?—The length of time.

381. The actual treatment itself is not?—Oh, nothing more than you have in private institutional treatment.

382. It must be institutional treatment; it cannot be done at home under supervision?—Well, of course, it is done, but in the case of the poor—which I am presuming is the point—I do not think their homes are at all adapted for it. Of course, with rich people you can do anything, because they can afford to make an institution for themselves; but taking the poor people—I was looking at it from the point of view of the class which become insured under the Act—I do not think that many of them would be able to do any good at home at all.

383. And with children?—Especially with children.

384. They should go to special institutions?—Oh, I think they must have sanatorium life.

385. That special institution, does it matter, in your opinion, whether it is in a town, or should it be near the seaside, or at a high altitude?—Well, you know it is a question of treatment, and I think you must have a surgeon to treat these cases at first, at any rate, and you must be in the neighbourhood of a surgeon. What I should say was that if you were going to treat a set of joint cases, when you got a new case you should have an institution comparatively near the town, where the surgeons in the town could easily go and carry on the treatment. I would not have it in the heart of the town, but well outside, where the children could get fresh air, and, at the same time, within the reach of surgeons. Then, if you like to move them further into the country and leave them to a house-surgeon, it is probably a cheaper way of managing, and they can be returned if they are not doing well. But I think you must have one institution near a big town, and within reach of surgeons.

386. You would not have the institution sufficiently large to occupy a surgeon?—One surgeon.

387. One surgeon?—Oh, well, I think it would be quite good.

388. Would you get better results if the institution were in the country or by the seaside, rather than

in the town, or is it immaterial?—Oh, I think in the neighbourhood of the town; it would be quite immaterial.

389. (*Dr. Niven.*) Such an institution might be a general hospital for children?—Yes, I think so.

390. It need not be tuberculosis?—No. It could be a general hospital for children and tuberculosis treatment, with plenty of grounds around where tuberculous children could be kept. I was thinking now, for instance, the London County Council, or the Metropolitan Asylums Board, one or other of these bodies, have an institution down at Sutton; they used to have a large school for children there; I have often gone there to see sick children. An institution like that would accommodate an enormous number of people, and yet it is sufficiently in the country, a healthy place to live in.

391. (*Chairman*) Is research needed as regards surgical tuberculosis; do you need much more research; I am not dealing with pulmonary?—No, I know; well, of course, there are always advances taking place. Do you mean for the pathology or for the treatment? There are always advances taking place in the treatment; of course, we are constantly progressing; we are constantly progressing too in the diagnoses. The question of pathology is really mainly the source of infection and the modes of infection. I think the channels that occur, that is, in the morbid anatomy, are pretty well worked out.

392. Surgical tuberculosis is, in certain cases, infectious, is it not?—Of course, theoretically it could be. I do not know of any instances; I could not bring instances, but I always regard a child with suppurating wounds as being a possible source of infection. I do not think there is very much.

393. You would not put it higher than that?—If people go and mess their fingers with the discharge, provided it contains any number of tuberculous bacilli, it might be a possible source. I should not regard that as particularly infectious.

394. Have you any idea how many beds would be required, either additional or including the present existing beds, to deal with this sort of cases?—No, I am afraid I do not know what proportion of surgical diseases are tuberculous. There is a large proportion, a very large proportion; I really would not like to say.

395. As regards the prevention of surgical tuberculosis; do you think that milk is the main factor?—As far as bovine is concerned, and as far as human is concerned, of course, phthisis would be the main factor. Of course, phthisis is much more infectious in the way of communicating things than surgical diseases even though there is an open wound, because there is far more bacilli in the sputum than any that comes from a tuberculous wound.

396. Have you any views as to the machinery that would be advisable or necessary for research? You know, under the Insurance Act, there is a large sum of money, some 58,000*l.*, available for research?—Yes.

397. The best way in which this can be spent?—I have not really thought this out. I did not notice that provision in the Act, and I only heard of that this moment; I really have not thought of any suggestion.

398. (*Dr. Philip.*) I suppose, when you speak of quite near a city, you mean within a mile or two of an ordinary city?—Oh, yes, some thing of that sort. I was thinking of the possibility of getting really skilled surgeons, not leaving the cases to a house-surgeon that you appoint; I think that is a mistake. I think in the early stage of the disease they should be in the neighbourhood of a skilled surgeon.

399. Would you lay very great stress on the element of time to cure these cases?—I do.

400. I suppose a fairly inexpensive kind of structure would do quite well?—Oh, quite well.

401. Huts, for example?—Oh, quite.

402. (*Dr. Mearns Fraser.*) I would like to ask, do you think it is advisable to have the children for operations in open air wards entirely?—I think so; I think it is well.

403. And do you think a house-surgeon is necessary in all cases?—If you have a big institution, all sorts of things will happen; you must have some sort of medical attendant.

404. I have in mind the Liverpool Home for Children; they have no house-surgeon there. Mr. Robert Jones goes over once a week when he operates, and then they are left entirely without any house-surgeon. They seemed, as far as I was able to judge, without any resident?—Oh, I suppose they would do all right.

405. They have about ten beds?—I fancy hismatron is as good as a house-surgeon.

406. She is very good?—You have someone; you do not leave them to nobody. I think a good many matrons I would as soon have or sooner than a house-surgeon. You must have someone who has knowledge and capacity.

407. (*Dr. Latham.*) With regard to that question, you are familiar with Alton?—Yes.

408. Supposing it were possible to have a certain number of institutions of that type with a man of Mr. Gouvain's capabilities at the head of that institution, that would meet your views, I take it, in regard to treatment, as having a staff of visiting surgeons from a particular town?—I think so. Of course, Mr. Gouvain does not do much in the way of big operations, partly because no doubt he does not come across cases requiring it, but also he is very keen. I think the idea with him was that, if anything requiring a big operation turned up it should be sent on to London for the operation, and then returned to Alton, so you see there is that difficulty that it is so far away.

409. Quite; but taking surgical tuberculosis, the general opinion at the present time is, that conservative treatment in the great majority of cases is the most efficient?—Quite so.

410. And that year by year the question of big operations is getting more and more in the background. When one has to do a large operation one is rather afraid that the treatment has not been altogether satisfactory?—Well, of course, year by year it is getting in the background, partly because the preliminary treatment is more efficient; the cases are taken up earlier.

411. As treatment becomes more efficient, the necessity for large operations will become less?—Yes, but I do not think it will disappear.

412. Certainly, but it will become of less importance?—Yes.

413. Therefore, the question of movement for those big operations becomes less as years go by except in marked features?—Yes, of course, I do not know; even the question of dealing with an abscess requires an amount of care which is not always bestowed by the ordinary house-surgeon.

414. I am not dealing so much with the house-surgeon as a man of Mr. Gouvain's type?—But then, he is an exceptional man. If you could get a number of men of that type, but then you will have to pay them very highly. You will not get Mr. Gouvain remaining for the rest of his life at Alton; you cannot expect that. When he acquires experience at Alton, you will very soon find—I am not speaking with any information—but I have not the slightest doubt he will blossom out into something in town or somewhere else.

415. That has already begun. What sort of salary would you take it would be sufficient to attract a man to be the head of an institution of that kind and remain there, at any rate, for a number of years?—Would you have a salary with a pension attached to it afterwards?

416. I suppose something like the State Service, you must?—Well, I should think about 1,000*l.* a year.

417. That is to say, you would have to pay the man well if you are to keep him?—Yes.

418. One other point in regard to the question where you are to have the institution. As far as I understand from some people, a case of surgical tuberculosis at Alton, we will take for example, at Alton they find that people who come from London do better than people who come from the immediate neighbourhood of Alton, and that the people who do better still are people who come from South Wales, although many of those are the worst cases; that is to say, as far as I understand at Alton, the idea is that a complete change of climate is of considerable assistance

in the process of repair. Your experience would he that?—I should think that that is quite likely,

419. So that in some cases it might be an advantage if the institution were some little distance away from the ordinary climatic conditions?—Of course, you get round that by sending your cases in London to an institution at Liverpool, or somewhere. You do not get rid of my idea that there should be an early institution, a sort of transitional institution, through which the cases should pass near a big town in order to be under the care of skilled surgeons.

420. You would have a clearing house?—I should, yes; three or four months spent in an institution near town.

421. These people will go through a dispensary, be drafted on to an ordinary hospital, and then cleared out?—Yes, quite so.

422. Have you got any views as to places like Margate, and so forth, being especially suitable?—No, I think that is superstition.

423. A superstition that has grown up?—Yes, I have no doubt some people who do better in a bracing climate, say Margate is better than any other place; I do not know; I think that is a superstition.

424. Possibly it might be an advantage to have one or two marine institutions, so that people who were not doing very well in inland places might try the effect there?—I think you should have both. Some do better at inland places than at the seaside. I am quite sure you must have the two different kinds.

425. (*Dr. Paterson.*) Under the heading milk; of course, you would include milk products such as butter?—Yes, and cream, of course; I think they are more dangerous almost than the milk.

426. Because that raises a very difficult problem, the butter, because we cannot control its source?—Unless you kill off the tuberculous animals in the Kingdom.

427. I was thinking of the butter that comes from Siberia?—Well, you must label that "Siberian butter."

428. (*Dr. Macquiere.*) May we have your views upon the use of tuberculin in surgical cases?—It is very difficult. I really am a little sceptical at present as to whether tuberculin is introduced on right lines. In the original tuberculin, as Koch introduced it, we did not know anything about the dosage. No doubt they gave very big doses, and far too often, but I have never seen remarkable cases of complete arrest of the disease and complete cure cases; I have never really seen, after long intervals, cases upon which I could put my finger and say, this case is better because I gave tuberculin. I gave most of my cases tuberculin, and I do not see that they do better with it than without it; and, I think, if there were septic wounds, they do worse. In such a case as I have at present of a tuberculous abscess in connection with the spine, which had been allowed to go septic when it came to me, and it was a nasty suppurating wound, I have tried tuberculin, and each time I have had to abandon it because the septic conditions seem to blossom out. The last time I had to do an extensive operation to get rid of a variety of ducts which all appeared since I began the tuberculin, so that I put no stress really, or very little stress, on tuberculin. I do not think that it takes the place of any other treatment. It is a thing that I think one is bound in the present state of knowledge to use, and possibly it does some good, but it does not do anything that you would imagine; it has no curative effects.

429. (*Dr. Mearns Fraser.*) You are only referring to surgical tuberculosis?—I am only speaking of surgical tuberculosis.

430. (*Chairman.*) When you talk of tuberculin, do you mean any particular sort of tuberculin?—Well, what we used at first was Koch's own tuberculin; what came in some time ago was the R.T., the newest tuberculin. Now, I understand that most of the men who are using tuberculin are going back to the old tuberculin which is not of bovine origin.

431. Would you consider that research was needed on those lines?—Oh, I think most distinctly; I think it is an extremely difficult subject, because in tuberculosis especially the changes are so slow that it is extremely important to make sure what the changes

are due to. You get a case getting better after you have used tuberculin, it does not necessarily follow it is the result of what you have done.

432. (*Dr. Maguire.*) Would you say what form of tuberculosis, treated with tuberculin, usually show the best results?—I have never seen a case cured by it; it all goes to a certain point and then it seems to come to a standstill, and I often wonder whether you would not have reached the same point without it.

433. (*Chairman.*) Just now you were talking about the slaughter of cattle, the slaughter of cows; have you any views that you would like to put before the Committee as to the way of dealing with the milk?—Now, you will get the real facts of the case if you ask Mr. Stiles to come up and see you; he knows all about it, and anything I say is more or less what I have learned from him.

434. Would you think it advisable to have compulsory notification?—Oh, I think so.

435. As regards surgical tuberculosis?—No. I do not see any necessity for it. I do not think it is like phthisis; I do not think they are sources of infection; I do not think I would.

436. (*Dr. Latham.*) Inoculation?—That is a different thing. I am simply looking at it from the health of others. In phthisis it is important from the point of view of others.

437. (*Dr. Niven.*) Would it not guide you to the probable source of the disease?—Certainly, that would be a part of research; yes.

438. No, not research; practical demonstration; guide you to the herds that were tuberculous?—Yes.

439. That is what has happened in Mr. Stiles' case?—That is so.

440. Would not that be of great value to the medical officer of health to possess that knowledge, so that he might go to the herds and see what their condition was?—Quite. That is what Mr. Stiles has been doing, tracing out the place it came from and several children come from, and then going and seeing the farms in the neighbourhood.

441. From that point of view, would it not be necessary?—Oh, yes, no doubt it would. I was replying probably without thinking.

442. (*Dr. Paterson.*) With regard to the infectivity of tuberculous persons it has always seemed to me it is more infective than people think. We got a number of nurses at Frimley with tuberculosis, whereas we never get them from the special hospitals with tuberculosis, and I thought probably that was the source of the infection at first?—Well, of course, when I was younger, I spent a great deal of time in examining these things microscopically, and I used to find great difficulty in finding any tubercle there. Sometimes you do open a tuberculosis abscess that is teeming with them, but in many cases you may hunt till you are tired without seeing bacillus; sputum will always give you them in quantities, so that it has not the same number of organisms.

443. (*Dr. Paterson.*) The same thing applies to sputum; you can get lots in sputum and very few bacilli?—That is quite true.

444. There is a possible source of infection in those cases where you do not find the bacilli?—That also.

445. If I might express an opinion: in my student days, not my up-to-date days, tuberculous pus on dressings is not looked upon with as great suspicion as sputum in the sputum pot?—No.

446. It would be perhaps better if it were looked upon with more suspicion?—Of course, you ought to have no pus in a tuberculous case. Most of the pus is septic. It is the chronic discharges. While you treat it really thoroughly aseptically you keep it aseptic.

447. (*Dr. Niven.*) Is there not a form of what you might call surgical tuberculosis which is really pretty highly infectious and dangerous, viz.:—abdominal tuberculosis, especially in young children? Many of those discharge very large quantities of bacilli, do they not?—You mean with the fæces?

448. With the fæces?—Oh, yes.

449. And of course the mother has to clean up after those children, and she goes and handles the loaf and various domestic articles afterwards; do you not

think that is a real source of danger?—I should think it is.

450. Those cases might with very great advantage be notified to the authorities?—Yes, I think so. I think from what you have said about notification it is quite a simple thing to do, and it would be as well to make it so.

451. And there are reasons for it?—Oh, yes, quite.

452. (*Chairman.*) Thank you very much, Sir Watson, it is very kind of you to come?—Good day.

The witness withdrew.

Mr. W. S. LAZARUS-BARLOW, called in and examined.

453. (*Chairman.*) I just want to express a word of apology for the way we have treated you in keeping you over an hour, and especially after we had to change your day. We asked you to come here with the view of getting from you certain suggestions as to the machinery for carrying out Research. You have been connected we know with Research, and we thought, perhaps, you might put forward suggestions as to the machinery. You know that under the Insurance Act a large sum of money is available for Research—between 50,000*l.* and 60,000*l.*, and we should like to know whether you have thought out any scheme of machinery by which this money could best be utilised, or a part of it, not necessarily the whole?—Well naturally it is not easy to devise a scheme at a moment's notice, but I have some sort of an idea as to the way taking a large thing as this undoubtedly must be, some sort of an idea of what would be necessary to advance the object. Well there are two things I think that dominate the whole question. You must understand, Sir, please that I am speaking on it rather from an outside point of view. You see my special subject is not Tuberculosis. There are two points that dominate the whole question; first of all that this is to be primarily a utilitarian research, not a scientific research; its primary object is to be utilitarian, and that must dominate it. And the second thing is, that you start, with regard to the work that you have to do, several rungs up the ladder, you know the cause of tuberculosis, you know a good deal of the natural history of tuberculosis and consequently you are in a very much better position as far as tuberculosis is concerned than we are as regards cancer. With regard to that question of utilitarianism in the Research there are two points that I would suggest: first of all it is that the cheapest utilitarianism is doing your work properly and thoroughly, not necessarily from an academic point of view, but thoroughly, and therefore that this Research should be carried out in properly equipped laboratories of sufficient size and of sufficient number to undertake the large work that is required. Secondly, that for two reasons it is desirable that these laboratories should be in close touch with any institutions in which patients are dealt with that are ultimately to be treated. First of all, because since you know the cause of tuberculosis the real work that the research would have to be directed to would be the curative and the preventive sides. The curative side is a very large thing. I was only thinking as I waited here that we in the cancer laboratories find quite a large amount of tuberculosis in association with cancer for one reason or another it is not necessary to go into, so that the curative side of the question could not be dealt with alone from the tuberculosis point of view but would have to be brought into touch, for instance, with the clinical point of view. And in the same way there is no doubt that in the asylums there is a considerable amount of tuberculosis along with insanity. Whether it is a greater amount in proportion to the population or a less amount I do not know, but there, again, is a research which is on the curative side, and which would have to broaden out the question of the research in regard to tuberculosis from the single line of tuberculosis proper. There are many side points that would have to be considered, therefore the research is a large one, and therefore I say it must be carried out, if it is going to be carried out properly, in association with the patients who are the subject of this single disease or the combination of diseases. Then there is another reason, and it is one that is not obvious just at the first moment, and it is this: My experience has been in two directions as far as research work is concerned. I have worked in a University and I have worked in connection with a Hospital. Now the type of work that you do in those two places, though all directed to the one end of the improvement of the conditions and the discovery of disease and so forth, is influenced more or less unconsciously by the presence or the absence of patients in the neighbourhood. You keep much more down to practical politics if I may say so, when you have patients in the near neighbourhood of you; you are less inclined to

get into academic questions, therefore, as this is primarily a utilitarian research for these two reasons I would suggest that the institutions for research should be in very close touch with places where the patients are accumulated. Not that the research should be directed forthwith on the patients. There is an intermediate stage. I take it that one of the things that will happen when you have established your laboratories will be that the directors of your laboratories will be simply overwhelmed with suggestions as to treatment and new cures, and all sorts of things of that description. They will have to be sifted, and before any of these suggested new cures, or we will say reasonable treatments, perhaps, derived from laboratories on the Continent are put in testing on the patients, it is clear that they must be examined from other points of view so that there must be a strict laboratory side of the question, but that laboratory side should without delay, without undue machinery, without difficulty, be able to be applied forthwith to patients. Given that, the next question is whereabouts should these laboratories be? Clearly it is desirable that they should be in large centres where the heads of the laboratory can be well in touch with the literature and large libraries, current literature, scientific literature, and so forth, and where the friction of mind against mind is apt to produce the best results; therefore they should be placed where patients are collected in large centres. There would come, perhaps, the question of the number of those that one would suggest. It resolves itself into a question of the advisability of either a single large institution or two or three or more institutions. I leave entirely out of the question that small laboratory which will be necessary in every institution that you may build for diagnosis purposes perhaps for the individuals to carry out small researches, and so forth; that is left entirely out of the question.

454. But I think that the subject is too big to deal with adequately and properly in a single institution. What you want I think is, say, three or four reasonably equipped institutions, all of which should be directed naturally to the same end, but which should take up in various parts different aspects of the same question. It is perfectly clear, for instance, that we here in London—supposing you established a place in London—could not properly work out the preventive and curative side of the question with reference to individuals in Dundee or Hull, for example, where the conditions are very different, and I would suggest therefore that there should be three or four in carefully chosen districts where the special characteristics of the disease manifested themselves. Take the miner's phthisis, for instance; it is clear we here in London should not be able to deal with that anything like as well as they would be on the spot, and so forth. Then as far as those laboratories are concerned, the personnel, you would require a director of each, with three or four or five assistants, as might ultimately seem advisable, and to provide for collaboration between these I would suggest that there should be periodical meetings of the directors of these laboratories to concert a plan of action and divide it up so that they should work on a concerted plan. That would be for the purely scientific side of the question. Above those laboratories I take it that you would want some advisory committee, small by preference, and for that I had thought that you would perhaps compose it of the directors of your laboratories, one or two physicians, one or two surgeons and a certain proportion of laymen, making the committee, say, nine, eleven, or thirteen at the outside. This committee would have all the information brought to it from the various laboratories after the results had been considered by the heads of the laboratories, and they had got some sort of a general agreement upon them, but in addition to that they would naturally have to deal with some of the financial side of the question, and for that purpose I suggest that laymen should be put on the Advisory Committee. Then quite apart from that laboratory side of the question, especially when you are coming to the question of dealing and treating with patients you will get so large a mass of material that it will be impossible to deal with it in these laboratories that

I am speaking of, even if, which is not the case, the people whom you will be forced to appoint for the direction and carrying out of this particular laboratory work were fit and proper persons to deal with the statistical side of the questions that all those data would produce. Consequently, in addition to these laboratories you would have to establish possibly at a little later date some central body of a statistical nature capable of dealing with all this mass of material and correcting up impressions, and so forth; I am making this as concise as I can. Of course, there are many things that I quite see would want to be considered. As far as the cost is concerned, each of these laboratories would cost approximately 10,000*l.* to build and equip, then the maintenance of them, assuming that you have a director and three or four assistants, would be somewhere round about 2,500*l.* to 3,000*l.* a year, so that with four laboratories your capital outlay would be somewhere about 40,000*l.*, and your annual outlay would be somewhere about 10,000*l.* or 12,000*l.*

455. How many?—On four laboratories, the four that I suggested. If, on the other hand, you build a single central one, probably your capital outlay would have to be greater, but you would save a certain amount of director, and so forth, so that your maintenance would come a little less than your 10,000*l.*

456. (*Dr. Addison.*) 40,000*l.* for four laboratories?—No; I take it four laboratories would cost somewhere about 40,000*l.*, all told, to build and equip. My own new laboratory at the Middlesex Hospital has cost to build and equip 10,000*l.* That, of course, leaves entirely out of the question the central office from the statistical point of view; I have not touched that at all.

457. (*Chairman.*) Just now when you were talking about an advisory committee, had you in mind one central advisory committee, or advisory committees at the four sub-centres?—Oh no, one single one.

458. You mentioned nine to eleven. Did you have in mind a Government Department as an advisory committee? Exactly who would appoint; what had you in your mind?—The people who have ultimately to appoint that are the people who pay.

459. That is to say, the Insurance Commissioners?—I take it that it is the Insurance Commissioners; you cannot get out of that; all of these committees it ultimately comes back to who pays.

460. You think that would not be too big a committee?—To appoint it.

461. Nine or eleven?—No, I do not think so. You see you do not want resolutions made by two or three, a committee of two or three, you want a quorum of about five; to be certain about getting a quorum of five you want—I do not stick at the 11.

462. How often do you think they would have to meet; would they meet just very occasionally and give the outlines of research or would they meet pretty frequently?—It depends again upon the degree of competence of your directors of laboratories, you cannot bind them down too much. If they are good men and you give them a free hand then your advisory committee would not have to meet perhaps more than once a quarter.

463. These four sub-centres; would their whole income be from this research money; or would the research money be merely an addition to other sources of income?—I would not do that.

464. It would be purely from this research fund?—Yes, I should do that.

465. They would be your own institutions so to speak?—Your own institutions; there is no reason why you should not specially subsidise an institution in connection with another one, but they should be all your own servants, those men who are doing research, whole time men belonging to you and you only; the other does not work very well.

466. You mean as against giving a certain grant to an existing institution to carry out certain work; you do not advocate that?—No, you will not get co-ordination in your research in anything like as good a way; you will get very likely good results here and there, but there will not be that steady co-ordination of work going right the way through the whole story, which is quickest in the long run.

467. This advisory committee would be a permanent

body?—Yes, I should think so; there is no reason why it should not be.

468. Would they be paid?—Well, now, really I have not gone into that.

469. Could you get the best people; you would want the very best on the advisory committee?—For an advisory committee, yes, you would want quite good people.

470. Would it be necessary, do you think, to pay them?—I should say not, you will find there are plenty of good people who do good work for nothing; I should say not.

471. Now when you refer to an institution, do you mean a laboratory, or do you mean a hospital with a laboratory in connection with it; I did not quite follow?—In reference to what, sir?

472. You said one or more large institutions; what do you mean by institutions?—Oh, there I mean an institution with patients.

473. That is what I want to make clear?—May I give you an example. In the Middlesex Hospital we have 400 beds for whatnot. Of those beds, a certain proportion, 90, are concerned with cancer cases; they are absolutely kept for cancer alone. I have my own laboratory in the Middlesex Hospital, within the precincts of the hospital; it is a separate building within the precincts of the hospital, a place of 25 rooms or so. I am connected with a large institution with patients; I have got the special patients with which my research work is concerned, and I am at the same time in a large educational centre—London, where there is plenty of mental friction against other people working in similar work, and where there are opportunities of getting such literature as I require for my work.

474. If I may put it so, you consider it is essential, in your opinion, to have a ward, a certain number of beds in connection, closely linked up with your laboratory?—Yes.

475. In the same building or in the same precincts, so to speak?—Well, I mean that it is not going to be a terrible business to get there, and it is not going to be a difficult machinery to get anything applied when it is wanted.

476. You would rather have it in the same building?—Well, yes.

477. Would you have a special hospital now we are dealing with tubercle; would you have a sanatorium; would you have your laboratory in connection with a sanatorium or would you have your laboratory in connection with a general hospital where a certain proportion, a half, or whatever the number might be, were devoted to tubercle?—I would rather have it in a general hospital than in a sanatorium, because of the greater broadness that it gives to your research.

478. And you would have other research going on in the laboratory of that hospital as well as tuberculosis research?—If I could get it, only you are meaning that it is going to be a biggish place. Do you not see that if you are going to take this tuberculosis question as a national question that already starts by being somewhat big? It will want a biggish number of men concerned with that, and then if you add additional research it is going to be a biggish place you will require.

479. But you would be satisfied, if you could not get a general hospital, with a sanatorium with a certain number of beds, a ward or two wards, or whatever it might be, in connection with your laboratory?—Yes, that would be much better than no patients, but it would be far and away worse than the general hospital.

480. You would prefer a general hospital?—Yes.

481. But failing that, in any case you would like to have patients?—Yes.

482. When you said that the conditions were different in London, Hull, and Aberdeen, and one or two other places, what do you mean by "conditions"? Do you mean that the nature of the person, his housing, his trade is different, or that the treatment owing to climate is different?—I do not know anything about the treatment owing to climate. It is quite conceivable it might be, but the type of tuberculosis you get is very different. I gave the miners' phthisis as an example. It is a different type to what one gets in the ordinary conditions, the ordinary type. It is due to the same cause, no doubt, but there is a special type of it.

483. Now this hospital or sanatorium or institution, would you have a whole-time staff running it or would you have a visiting staff?—Are you speaking from the patients' point of view or the research laboratories' point of view?

484. Well, research for the moment?—Then you must have a whole-time staff dealing with that alone.

485. Then would you have a whole-time man looking after the ward?—No, they are different people altogether, and broadly speaking the man who does research is very little good at looking after patients, and the man who looks after patients is very little good at doing research.

486. I did not mean that you would have the same man in charge of the two; would you have the whole-time man looking after the beds? He would be able to, if he wanted to, walk across to the laboratory or vice versa?—Do you mean you would forbid your medical officers, for instance, to engage in research at all or what; I do not quite see your point.

487. I was just wondering whether in charge of the wards you would have a whole-time man, co-equal, we will say, with your research man, or whether you would have the ordinary visiting staff?—Oh, the ordinary visiting staff. It is not enough; a man would not always be at it from the patients' point of view; you would want a resident of course or residents.

488. How many beds would you consider; what would be the minimum number of beds for an institution connected with a laboratory?—You mean from the laboratories point of view only?

489. Yes?—Oh, you do not want a large number there; a hundred would be ample. Of course if anything planned out well over ten patients you would begin to try it on a hundred, then you would get to the larger number forthwith. It would be better done than by another man in another institution to get connection up.

490. How would you link up that place there with the sanatoria, which presumably will come into existence throughout the country?—I take it that that would be linked up through your advisory committee?

491. Would you have an interchange of patients?—You mean from the——

492. From the local to the central institution. If it were purely a research institution, might there not be a difficulty in getting patients to go there?—I should not think so. I do not think, in the first place, that they would know anything whatever about it any more than they do in the ordinary hospital at the present time. I do not think there is the slightest doubt it would not be research on them, excepting in a sense. I mean if you give a patient any drug it is a research on him, and it would come to the same thing as far as that is concerned. I do not think there would be any difference as far as the patients are concerned in the ordinary sanatoria and in those institutions. They would have to be dealt with on general lines in the same way.

493. Would you have those 100 beds open to all consumptives, or would you only have consumptives that did not respond to treatment in another sanatorium, sent there to be investigated or to have a special form of treatment tried on them?—I fancy the thing would correct itself up in something after this fashion. Supposing you instituted the sanatoria in an ordinary way, and also these hospitals in relation to laboratories, the two sets at first, both sanatoria and the institutions, would have exactly the same type of patient, but in the laboratories there would probably come, in course of time, research which would be travelling in a certain direction, and there would come some special form of treatment which it was desired to investigate upon the patients. Take, for instance, it might be directed more particularly to surgical patients or to pulmonary patients. Then under those conditions, you will probably arrange that to this particular institution, where this particular line of research was going on, there were directed patients of the kind that was desired.

494. Sent there from other sanatoria?—It might be, or from primary collecting stations where they come or something of that kind.

495. Do you think it is necessary to have a farm in connection with your central institution?—Oh, yes, from the animal point of view, we are bound to have

that. That was one of the things—I missed that for the moment—I put under three, desirability of utilising existing machinery, notably the Tuberculosis Commission. That was one of the things I had in my mind.

496. The Tuberculosis Commission no longer exists? —But I mean the farm and all the machinery they instituted.

497. That is, it should be connected with this central institution?—Yes, which is there, if necessary, and you may just as well use what has been tested and tried and used.

498. What would it be necessary to pay your head laboratory man, to get the best or to get as good as you require?—As good as you require is the best you can get, Mr. Chairman.

499. Yes?—Well, if you want him to be contented and stay with you, you must give him 1,000*l.* a year, and that is included in my suggestion of about 3,000*l.* What I reckoned was approximately 1,000*l.* a year; I have not done the arithmetic in my head. 1,000*l.* a year for your director, about 500*l.* a year, or 400*l.* a year, for his first assistant down to say 200*l.* a year; 400*l.*, 300*l.* and 200*l.*, that makes 1,900*l.*, and about 1,100*l.* a year for general upkeep, that is the way I make it up.

500. Would this staff be appointed by your advisory committee; is that what you have in your mind?—I take it that the staff would be nominated by your advisory committee and appointed by the head body, whatever it might happen to be.

501. The Insurance Commissioners?—The Insurance Commissioners.

502. Now, the statistics; would you have that as part of your central institution, a statistical department?—Yes, I would have a single statistical department in London.

503. Connected with your central institution, what you have described?—But I have not described a single central one.

504. I am taking one as a type?—Well, all right, if you have one of these laboratory places in London, a portion of that might be a statistical department.

505. Would you give money to other institutions besides these four where you found good work being carried out, where you had someone who proved himself successful in research, would you, in addition, give money, or is your idea to keep it all to these four laboratories?—I do not know whether that is going to be very profitable from your point of view; you see you cannot pay for results. A man has done a piece of work; you cannot say I will buy that off you for so many pounds; that is impossible; so that really the only question that comes is, here is a good man, we will subsidise him for a certain number of years to do work for us; that is the only way in which you can do it. Well, then, why not turn him into your own place?

506. Then, you think that would be sufficient if you had four of your own places; you do not think it would be necessary, in addition to that, to subsidise other laboratories, other individuals?—Now, I draw a distinction there, Mr. Chairman. You said other laboratories, and other individuals. Other individuals I say, no, do not subsidise; other laboratories I say, yes, do subsidise, and for this reason, that supposing you take Claybury, for instance, the London County Asylum at Claybury, where they have good laboratories, where they have a large number of insane patients; it is worth your while to subsidise that place for doing work in regard to tuberculosis in insanity; but that is a very different story to subsidising a man, Jones, in Timbuctoo, or wherever it may happen to be, to do research; that is a very different story. You will get profit out of your money if you subsidise a place like Claybury for doing that general type of research. For instance, take the other side: I am not pleading for the Middlesex Hospital in any sort of way, but it would pay you from the tuberculosis point of view to subsidise the laboratories at the Middlesex, where they have got tuberculosis plus cancer, to work out the tuberculosis plus cancer story. But it would not pay you to take a man, who perhaps has some experience of the subject, and say, "Now work this out," and leave him to choose where he will do it, or how he will do it.

507. Now, when you talk of the work at Claybury, would you not have to subsidise an individual to carry out the work there?—No, I would subsidise the place, and make some arrangements with the director of the laboratory, or the advisor.

508. You would give them so much money?—Allot them, allocate it.

509. Now, would your Central Committee have to inspect these laboratories, your own and Claybury?—You are going to raise difficulties if you do much of that. I should be delighted to let anybody see my laboratory, but if anybody wanted to come and inspect me, there would be difficulties forthwith.

510. (*Dr. Newsholme.*) You lay great stress on the close relationship between the hospital and the laboratory, I understand?—Yes.

511. That is in connection with the work of research?—Yes.

512. Are you expecting that in any of these four laboratories a large amount of routine work would be done, or merely research work?—Merely research work. I draw attention to the fact that in the various sanatoria that will be established there must be a small laboratory, and in that the routine work would be done.

513. I take it that the data for research could only be obtained in many instances by a large accumulation of material from the hospital wards: is not that so? Take, for instance, blood counts. You would not deduce results until you had examined a lot of cases?—No; that is one of the reasons, for instance, why I want the patients to be in close relationship with the laboratory; you take blood counts, for instance, as you have given the point, the man who is doing research trusts nobody on blood counts but himself; he must go and do it; it becomes part of his research, though it is in a sense routine.

514. But that has to be done upon a large scale to get satisfactory results, has it not?—Yes.

515. Do you anticipate that those laboratories would be entirely new, or may they be adapted laboratories already existing?—There is no reason why they should not be adapted laboratories.

516. Take, for instance, the Middlesex Hospital; would it not be possible for you to start a new wing for tuberculosis research there?—Provided you have the site to build on, quite.

517. Do you consider that four laboratories of this particular kind for the whole country will be ample for all the enormous research that has to be done?—I was thinking where you are to find the people in the first instance to start your four laboratories.

518. You think that at first it would be difficult to start with good men more than four laboratories?—Well, I think you will find it is difficult to find four heads to do it. You will find plenty of second and third rate men to fill up the places, but I do not think you will find many heads.

519. Do you prefer the idea of a general bacteriological laboratory, assuming you had the money, or the idea of a special tuberculosis laboratory?—On broad principles the general laboratory, where all sorts of work is going on, chiefly because you will have a large number of men working in those, and, therefore, there is more polishing of brains.

520. So, if it were not a question of limitation of money, you would rather lean to the idea of laboratories in which research work for all diseases was done, rather than research on tuberculosis by itself was conducted?—Yes, I would.

521. If you take that view, you might have to modify the number of laboratories, might you not? Four probably would not suffice in that case?—You mean to say because you have a smaller number of people working at each individual laboratory?

522. Would you want other enormous laboratories beyond four, or a number of smaller laboratories to do a sufficient amount of research work; that is my suggestion?—Well, in my place I should manage to accommodate 20 workers; in my present laboratory there are 25 rooms.

523. Do you think that might suffice?—Provided you are not to keep bullocks and calves, and so forth.

524. You mentioned the question of statistics; what statistics were you considering; were you thinking of the collated results of your experimental

investigations, or other statistics?—Well, when the curative side of the question comes on, various things will have to be tried on a large number of patients, and, as you know, there is a difference of opinion as to the value of statistics when they are collected by medical men; and I think that a definite statistician is much better capable of dealing with them.

525. Well, now, on that point you have four laboratories in different centres. Do you think that the statistics in those four centres should be collected in one centre, or do you not think that it would be preferable for each dealing with its own collected material, knowing the nature of the material with which he is dealing, the head of the institution?—You mean to say then, should a statistician be attached to each of these separate ones, or could it be done in a common centre?

526. That is what I mean. Surely the main difficulty with statistics is the method of arranging them; and if you had them sent to another laboratory, they might be arranged without sufficient knowledge of the best method of bringing out the original faults in the collated form?—That again is a thing in which you will get two different opinions, will you not? That it is desirable that these persons who have collected the statistics should not have the manipulation of them is one view decidedly; and, therefore, that any material that has been got in a certain place should be simply thrown into a box and dealt with by people who have no interest whatever in the matter; and there is, on the other hand, the point that you were putting forward, that a certain selection of statistics gets the most near the truth; I could not give an opinion on that off-hand.

527. You think the most important immediate research needed is research which is based on the clinical history of the patients under observation?—No, no. I have led you astray, if you have gathered that.

528. To what extent is that true?—That is what you have got to aim at, but the chief thing that you have got to do at the present time is to work out, given that you have tuberculosis in animals for instance, the various conditions of cure and prevention in animals; that is where the research lies first, and apply that, as things come along, to the human side.

529. Then, if that is so, I do not quite fit that in with the four laboratories which you are proposing to establish for other kinds of research work, or are you proposing to have animal experiments done in each of those four laboratories?—Oh, certainly in each of those four, they would all have to be licensed, but any large animals it might be worth your while to keep at an experimental farm.

530. With regard to the experimental farm, you lay stress on that on general considerations, not based necessarily on experience of the need of a farm?—Well, yes, I have had both. In regard to this clinical question, for instance, a couple of years ago I had to ask the Board to get a small farm arrangement because it was necessary. In dealing with animals it was impossible to deal with them in a small institution, and I know the Imperial Cancer Research Fund has had to do the same thing.

531. I believe I am right in saying that the vast majority of their experiments were made on mice and small animals generally?—Surely. Take tuberculosis, for instance; the two chief animals that will be used will be guinea pigs and calves. Well, you can keep a large number of guinea pigs in a central institution, but you cannot keep calves.

532. (*Dr. Leslie Mackenzie.*) The only question I should like to ask is, why are you so strongly against subsidising individuals provided you could be sure of the laboratory they were to work in? Supposing a man that you know to be a man of capacity on other grounds submits to you a line of research and specifies to you the laboratories that he is to work in, assuming that they are not one of your four, what fundamental objection is there to employing such a man?—I do not think there is a fundamental objection to it, but I should not think that that would be one of the prominent ways in which you should expend your money. The chief reason is this, that in carrying out researches one of the chief things that you want is the collective wisdom of the laboratory on it, so to speak, and if you subsidise a single individual he is probably

the only one who is much interested in that particular research. He goes ploughing his lonely furrow and it is not as productive if it is research that is done with the general collaboration of everybody in the laboratory.

533. One quite sees that, but on the other hand, you have a number of men, a crop of them every year in fact, that are anxious to investigate along certain lines, some competent and some incompetent, and some that turn out to be good researchers and some that do not. A great many men make their Doctor of Medicine thesis, for example, out of research or some special prize work out of that. What objection is there; do you not get good enough work, or may you not get good enough work, from men working on those conditions, assuming, as I always say, first his quality as tested by other men, and secondly, that you know the laboratory he is working in and the director under whose direction he is working?—The class of man that you suggest may be very good, but he is not of that quality which is required for the research work that you have got in front of you. That is to say, there are plenty of men who do extremely good M.D. theses, quite good, but there is never any very tremendous work comes out of it, and this is big work that you want done.

534. Yes, but, of course, it is not very good apprenticeship work, you know to train men?—That is not what the Commission want to do.

535. Do you think that it is an illegitimate use or an undesirable use to make of money to make it possible to bring forward men who have not yet arrived, so to speak?—I do not see why you should not subsidise men by scholarships or what not, because it practically comes to scholarships to work in a laboratory where the entourage is tuberculosis, if you understand what I mean. He is an individual there who will be working on the tuberculosis question in an atmosphere where everything will be congenial, but if you take a man in some place, we will take, for instance, a man who was going to work in a laboratory where the chief interest was some of the malarial diseases for instance, he might be an excellent man, his idea might be excellent, but the practical value that you will get out of the money that you would expend on him would be nothing like as great as if he worked in another place, so I do not object to your subsidising your man, but make him work in a definite place.

536. In speaking of four laboratories are you thinking of Scotland and Ireland, or only of England?—I had no particular reason for saying four. I should say, broadly speaking, that it would be quite likely one in each of the four, England, Ireland, Scotland and Wales, quite likely.

537. And assuming, say, our University laboratories in Scotland, of which there are four good laboratories for certain purposes, even assuming they are academic laboratories, is that a real fundamental objection to subsidising them. I am asking it for my own guidance what your opinion is?—In Scotland it is a different story altogether. First of all, you have to leave out St. Andrew's, perhaps, but you take Edinburgh, Glasgow and Aberdeen and there you have *pace* Glasgow, smallish places, and your patients are in very close touch with your academic side of the question, so that it is a much more practical academic question than it is in places which I actually have in my own mind, Oxford and Cambridge; you see it is different.

538. In fact, you would pass Aberdeen, Glasgow and Edinburgh Universities?—Oh, yes, that goes without saying; they are medical schools.

539. (*Dr. Mearns Fraser.*) With regard to the composition of this Advisory Committee, I think I understood you to say that you would suggest, first of all, the appointment of an Advisory Committee, to appoint the various experts of the laboratories?—To nominate them.

540. And this Committee to be appointed by the Insurance Commissioners?—Yes, something of the sort.

541. You suggested, I think, two physicians and two surgeons on this Committee?—Yes.

542. Then, you went on afterwards to say of the heads of the laboratories?—Yes.

543. Of course, they would come on afterwards, so

you would start your Committee then just with the two physicians and two surgeons?—And the four lay members I have suggested.

544. And four lay members?—Yes.

544A. Do you not think that you should have another class of the Veterinary Science represented on your Committee, or do you not?—I had not thought of it at all, but it would be desirable.

545. Then, another point in regard to the prevention of tuberculosis; do you not think it would be as well to have a representative of preventive medicine there too?—What do you call preventive medicine; surely it is all preventive in that sense?

546. Surgeons now are preventing death; they are not preventing the incidence of the disease, are they? There is a class of man, the Medical Officer of Health, whose duty it is to prevent the recurrence of disease. Your research laboratories will tend towards the prevention of the recurrence of disease too. Do you not think that class ought to be represented on the Committee?—I take it that there is no reason why your physician or your surgeon should not be at the same time a Medical Officer of Health, if it is desirable that the preventive side should specifically be included.

547. You think it should be included, the preventive side?—Well, I am not quite sure about it, because, in the Research Laboratories, we are just as much interested in the preventive side of the story as in the curative side of the story.

548. You are just as much interested, but then it is a question whether it would not be advisable for somebody who is more brought into contact on a larger scale with large assemblies and large communities. A physician is only brought into contact with individual patients; he has not large communities?—I should say that your medical officer of health, your preventive man, would be much better in contact with the statistical side of the story than he would with the laboratory side of the story.

549. It is really more the administrative prevention?—The administrative prevention. I should not think that the Research Laboratories would have anything to do with that, or only indirectly when they had done their research work and said, this is indicated or that is indicated, but that would be dealt with by other people, I take it. I mean, take my own laboratories for instance; I might find out some method whereby it was possible to prevent cancer, we will say. I should give them a hint, but the actual carrying out of that work would not be part of my laboratory side of the question at all, or even the Cancer Investigation Committee at all; it would be another body that would take that right on and deal with it. For instance, perhaps it might have to be dealt with by leaflets and lecturers, by instructions in various sorts of ways.

550. Then, on the other hand, there might be somebody outside of your laboratory altogether, some Public Health Officer, who in the course of his work, came across influences and conditions which to his mind there was reasonable cause for thinking influenced the causation of cancer.

551. Now, that class of men possibly should be represented on the advisory committee to see that such things received due consideration from the research laboratories?—I should say what would happen in that case would be, that he being interested in the subject would send his remarks in to the head of it; probably the weekly paper in our case, and it would be referred to the Cancer Investigation Committee; it would be referred in this case to the advisory committee and they would deal with it.

552. You do not think it is of sufficient importance to have a representative directly on the advisory committee in the same way as you would have a surgeon for the surgical and a physician for the purely medical side, and a veterinary surgeon for the animals?—I think the opportunities, the occasions on which his opinion would be necessary, would be so few that really it would be wasting his time in a sense to make him attend the committee. You could always get a man on that occasion if you wanted him.

553. (*Dr. Bardswell.*) With regard to the trial of methods of cure; do I understand that the laboratory people who conduct the clinical observations upon the

patients would be the people to try the new cure, or do you hand over your new cure to a series of physicians—clinical men, to try to report to you. What happens now at your place?—Well, the first thing that happens is that I get the first intimation of a suggestion of cure. I bring that before the Cancer Investigation Committee with details as to the composition which I have already got; then we discuss it as to whether it is a reasonable thing, and if it is given that it is reasonable, one of the visiting physicians or surgeons, as the case may be, undertakes to make trials on his cases.

554. Do you want beds of your own for the purpose?—No.

555. In this case you might work with Brompton to use some kind of cure in which you are interested?—Unless I am situated at the Brompton, my relations with the Brompton are not sufficiently close for me to be able, without difficulty, to get the trials made.

556. Therefore, to use Brompton, the laboratory would have to be there?—At Brompton.

557. And do you think that Brompton would work quite amicably with this other body in the same building?—You have a sort of dual control. You would have this laboratory started by the insurance people working along with the Brompton patients?—It is going to resolve itself purely into a case of individuals.

558. And you think you will have to have an individual building, as well as a laboratory, to supply patients for the laboratory?—I do not quite follow you.

559. You must have your patients, must you not?—Yes.

560. Can you use existing hospitals to supply your patients?—Why not; I cannot see why you should not.

561. In that case you hand over your cure to them and you will be satisfied with their reports on it?—Certainly, I should.

562. They will not be your patients in the same way?—Certainly I should; in every case of that description it has got simply to be.

563. Have you beds yourselves?—No, but I have no difficulty whatever. I have first claim on all the cancer material in the hospital by right, but if I want any form of treatment tried I cannot try it; I have no beds to try it on. There is never the slightest difficulty; it will always become a personal question as far that is concerned.

564. But you could conceivably ask the Hospital along the Fulham Road to try the thing, too?—But I should not.

565. You stick to your own place?—Naturally, but if I were in the middle of Regent's Park, for instance, with no interests, I might try the Fulham Road, Middlesex, or anywhere else, and it would not be nearly so well for the particular subject that I was investigating, as it would be if I went straight to my own people in my own place as now.

566. You think the Tuberculosis Laboratory would be better established in connection with an existing institution for the treatment of tuberculosis?—No, the thing that I should like best of all would be in connection with a general Pathological Institution, where all branches of research are carried on; that is to my mind the ideal.

567. A specially built place for that; is that in your mind; a new place?—I do not know; one would always prefer to build on an existing place than to start *de novo*, I think.

568. (*Dr. Paterson.*) I do not quite understand why you prefer to treat patients at hospitals, rather than at a Sanatorium. You said something about there was some question of broadness of view; do you remember?—I do not quite remember.

569. I think you did say that you would sooner have the patients in a hospital than in a Sanatorium?—I think it was only in reference to the fact of a hospital being in a bigger centre than the sanatorium would be. I got in my mind, for instance, at that moment—Mansell, well, Mansell is all right as a Sanatorium, but it would be almost a hopeless place to attempt to do research in, because it is so far away from anything.

570. If there was any particular point of research

which you could not do in London, you would go down to the Sanatorium and conduct it there?—Oh, yes, and you would probably have to do that in some cases.

571. (*Dr. Niven.*) You said you did not see any great occasion why Medical Officers of Health should be represented on this Advisory Committee. Of course, you are aware that the Medical Officer of Health advises his public health body as to the line of action, administrative action, which they have to take?—Yes.

572. Initiates new measures: that is a very heavy responsibility, is it not?—Certainly.

573. He lays down for them the lines, for instance, on which they are to go for Milk Legislation, dealing with the affection of tuberculosis from cows?—Yes.

574. He lays before them schemes for the notification of phthisis, the administrative measures founded on them, the investigation of etiology, infection—all these are matters for research, are they not?—Yes.

575. They are surely much more intimately allied with the subject upon which you were engaged than in work done by a physician?—The thing I was thinking of rather was that the research work that would have to be done would be so far behind the subjects that you speak about, that they would not for a long period get into practical politics.

576. But we are told that the research work which it is desirable to do at the present time should be practical research work bearing immediately upon administrative problems, which I think is quite right, that much of it, at any rate, should be of that nature; I do not say all; I do not think any research work should be so entirely confined as that. A Medical Officer of Health would be very intimately concerned in the results of that work; he would, at all events, have to be intimately informed of all that was going on; it would be his duty to be so?—Informed of all that is going on, I do not know.

577. Informed of the research work that was going on, the results of that research work. He would have sufficient knowledge of bacteriology himself to understand the meaning of the experiments carried out and the results of the researches; as a matter of fact, you are aware that such an application and training is given to all Medical Officers of Health?—Quite so.

578. That they are required to carry out a special course, in a Bacteriological Laboratory, and to follow those trains of reasoning and to acquaint themselves with the modes of thought, which would enable them to judge of the results; that is so, is it not?—That is so.

579. Very well, it does become his business to know those facts, in fact, it is necessary for him that he should be so equipped that he can follow those lines of work and that he can understand the results which are attained before he can advise his Authority?—I think the difference lies in what is to be the function of the Advisory Committee that we are speaking about.

580. No, I only put it to you that it is necessary for the Medical Officer of Health to have an intimate knowledge of those problems before he can advise his Public Health Body?—Yes, but my point is that the Advisory Committee or the research work is so far behind, that the subjects that they are dealing with are all more or less in the clouds at the moment; that is what the directors want Advisory Committees for.

581. They would not be much use to anyone if they were in the clouds, unless they come down from the clouds?—Well, but the period of them coming down; he is wanted when they have come down from the clouds.

582. I think he has to be aware of what is in the air as well as what is on the earth. If he is not aware of what is in the air as well as what is on the earth, he is not well fitted to be in that attitude of mind which will enable him to deal with coming problems, and, as a matter of fact, his training is such as to bring him into contact with those problems much more intimately than the average physician or surgeon; is not that so?—Yes, it brings him into contact with the problems, but it does not necessarily bring him into contact with the best ways of carrying them out.

583. I do not see why it makes it necessary for him, however, to understand intimately what are the best ways of dealing with the seeds of infection outside the

body, disinfection for example; it is his duty to know the best methods.

584. (*Chairman.*) If one may so, I think, after all, this is rather a detail; you want to put before us the principle of an Advisory Committee, not details as to its composition?—Quite so.

585. (*Dr. Niven.*) I wish to press the point, because it is manifest to me, at all events, that the Medical Officer of Health is undoubtedly concerned with all the methods which would come before this Advisory Committee, but I do not wish to press that question. However, I would come to another point, namely, the subjects of the Universities of Aberdeen, Edinburgh and Glasgow. You have said, of course I entirely agree, that those have very excellent laboratories, and it would be desirable to assist them to carry out researches in connection with tuberculosis?—Excuse me, sir, that is not my point. My point is that you will get the best value for your money if you deal with them in that direction; it is not the object to assist them.

586. No, but that would be a good thing to do?—To carry your work out in such.

587. There are certain conditions?—There are conditions from your point of view.

588. You will have the direction of men who will understand these subjects, able directors of laboratories who would be able to control the work of subordinates, even if they were not full-fledged experts; at all events, they would have an excellent man over them, who would see that the work was properly conducted and guide them in the best lines of research, the particular research which was committed to him; would not that be so in such special laboratories as you would have in those Universities?—It would be so, yes.

589. Does not that apply equally to other Universities, such as Manchester, Liverpool, Birmingham?—Quite likely; it is the large centres that I am only concerned with.

590. That applies also to the other University laboratories of the Kingdom?—No; it certainly does not apply to Oxford and Cambridge.

591. To a lesser degree, but I do not think anybody will deny that very valuable work is carried out in connection with Cambridge?—No.

592. There are differences. The differences are that you have not the same amount of clinical material?—That is my point.

593. I quite admit that, but at the same time you would not necessarily on that account, because the clinical material was not so large, exclude those laboratories from being assisted from the Insurance Fund?—If you are going on the general lines of subsidising the Universities, then it would be very invidious to leave out Oxford and Cambridge; I quite agree.

584. No; I say special University Laboratories, specially well-equipped University Laboratories. I do not wish you to suggest that you go to a poorer class of laboratory and assist that. The only thing that I say is that you should take those places which are specially well equipped in the matter of directors and general equipment and that the researches should be committed to those?—There is one point that arises. If you are going to subsidise men to work in these various well-equipped laboratories and gain the advantage of the direction and so forth, what are you going to pay the directors of these laboratories for the advantages he gives to you men?

595. Of course, he would generally look to the reputation of his laboratory?—That is a cheap way of doing it.

596. Very likely, no doubt they would pay for the researches they would not go unpaid for. That would be your grant to enable that to be done?—Are you going to control; if you give a grant to those places, are you going to control then?

597. You have just told us that if any man came to you?—Quite so.

598. Exactly; why should you?—Then, you see, if you have your own laboratories, you do control them.

599. I think you said, with reference to your own authorities, that no man was coming into your laboratory in that way; you would not approve yourself of any man going into another man's laboratory and

guiding him as to how he was going to carry out his research, would you?—No, I should not.

600. (*Dr. Maguire.*) Would your Advisory Committee superintend the work in each of those four Institutions, or would you allow each of the Institutions to go off on their own account in regard to research work?—It largely comes into the question of what constitutes superintendence. The Director of the Laboratory must have a free hand; it is quite impossible to do research work to order; you cannot do that; and it was for that reason that I suggested that the heads of the four laboratories should form a little Committee of themselves to discuss the lines of research which they should carry out in the various laboratories, submit it, if you will, to the Advisory Committee—I do not mind that in the least—they would be parts of that Advisory Committee; this would be a special Committee of it, if you choose.

601. Suppose they decide to co-operate together in the investigation of any particular question, that would be matter for the Advisory Committee?—Surely, that is quite a matter for the Advisory Committee.

602. (*Dr. Addison.*) Do you find at the Middlesex the patients have any objection to coming in on the ground that they think they are going to be experimented on?—No, we have a long, long waiting list; not a trace.

603. Then, one other point; do you think that that would apply to a disease like tuberculosis? Supposing you had a Special Institute of Research with beds in the same building; do you think it would be likely that tuberculosis patients would object particularly to going there on the grounds, "They are simply experimenting on us instead of on the guinea-pigs." I am putting it purely colloquially?—There are two things in that connection. In the first place, I think you had the idea that the hospital was to be an adjunct of the Laboratory; that it was to be a laboratory with hospital beds attached to it. From my laboratory point of view, that is perfectly true; I do not suggest that though. From the general outlook point of view, it would be that the Laboratory was the adjunct of the hospital; it is a different attitude; that is the first thing, and the second thing is, my experience is that if a patient considers he is a special case on which something is wanted to be done, he is rather pleased with it than otherwise.

603a. I am not altogether clear as to your position with regard to existing institutions; I understood what you mean by Special Laboratories. You say you object to subsidising individuals in existing institutions—I take it that is what you said—say, in a good laboratory, say your own, you would object to subsidising an individual; you would rather prefer to subsidise the laboratory?—Yes, I would. Now, you have got to draw a distinction. When I said that I was speaking from the point of view of the body who had the distribution of the money, from my own personal point of view, the head of the laboratories point of view, it is a different story altogether.

604. I am looking at it from the public interest just now?—From the public interest point of view and my experience inside a laboratory, is you get better value for your money if you subsidise the laboratory than if you subsidise an individual in the laboratory.

605. I only want to find out what you do. Say you subsidise Claybury with 500*l.*; what would you do with this 500*l.*; would you leave it to the man who runs the show, Dr. Mott; would you leave it to him?—Yes; I should subsidise them on conditions that they should carry out researches on tuberculosis in connection with insanity and say nothing more and trust Dr. Mott, that you will get your 500*l.* worth. You will do very much better doing that than by going down and getting a single man.

606. I am trying to clear up your point. Is your case, I will only subsidise laboratories of the right standard? Take the case of Claybury, that I can trust, say Dr. Mott, therefore, I am not going to bother to inspect it, but I will leave it to him to undertake research on tuberculosis and trust him to use the money wisely; is that what you propose?—I think you would be absolutely safe if you did it.

607. One other point about statistics; do you suggest that the statistical records and so on should be

taken charge of by this Advisory Committee, or that you should have a Special Statistical Committee set up?—You would be bound to have that; either a Special Statistical Committee or, if you choose, to enlarge your Advisory Committee—a Statistical Subcommittee, you must. They are different people.

608. I am coming to that. Supposing you had a case in your Laboratory of a man who came from a poorhouse; do you think it would be advisable to get some details of his housing, the number of people in his house and what not should also be brought to your knowledge, or would it be sufficient if they simply went to a statistical office somewhere else?—That would depend on what particular research I was on.

609. Tuberculosis I am on now?—I mean in regard to tuberculosis; what particular line of research I was concerned with. If I was concerned with some particular point with respect to lighting of houses or numbers of residents in houses and so forth, then I should undertake that particular investigation myself. I should collect all this material in my own special way, and then I should probably form my own deductions from it, but it would be an advantage to the community at large; that my figures gained in my own way should be dealt with by an independent body, the statistical body, and it is quite conceivable that investigations of that description might be carried out in all parts of the country on a common line.

610. A certain line of investigation would include observations on the patient himself—would you not think so—of a general public character by a Medical Officer of Health?—That is not laboratory research work as one understands it.

611. It could not be left to conjecture, could it? I am only seeking what is in your mind; is your Statistical Inquiry Department pigeon-holes separate from your Clinical Pathology?—It is a different Department even if housed under the same roof, there are different people who deal with it; it is a different bent of mind that tackles it entirely.

612. (*Dr. Niven.*) Is not the same thing absolutely required for clinical, for public health, and for research work?—No.

613. Is not what you want precision; the desire to know accurately what you are dealing with?—That is as necessary as good health, for instance.

614. (*Dr. Addison.*) Is it your idea that these main laboratories should have no beds connected with them, and should be purely and simply research laboratories separate from institutions which have beds?—No, my idea is that they should be buildings, if you choose, but in very close relationship to beds.

615. (*Dr. Newsholme.*) With regard to the collection of statistics you were proposing. Supposing you were engaged in a statistical investigation to collect data and then hand over this data to a statistical officer somewhere else; do you think it is likely you or anybody else would take the trouble to collect elaborate data unless you had the handling of them yourself, subject possibly to critical examination by an expert; at any rate, you draw your own inferences?—That is perfectly clear.

616. I thought I would clear up what you had in your mind?—That is perfectly clear; it is just because I have done some of those statistical things myself that I know how exceedingly necessary it is to have that correction behind, because the ordinary man is not capable of doing it.

617. I misunderstood you before; I thought you would simply collect the data and hand them over?—No, life would be too poor that way.

(*Chairman.*) Thanks very much. It is very kind of you to come.

The witness withdrew.

Adjourned till to-morrow at 10.30 a.m.

TUBERCULOSIS COMMITTEE.

ELEVENTH DAY.

Wednesday, 15th May 1912.

PRESENT:

Mr. WALDORF ASTOR, M.P. (*Chairman*),
presiding.

Mr. CHRISTOPHER ADDISON, M.P., M.D.

Mr. N. D. BARDSWELL, M.D.

Mr. A. MEARNS FRASER, M.D.

Mr. A. LATHAM, M.D.

Mr. W. LESLIE MACKENZIE, M.D.

Mr. J. C. McVAIL, M.D.

Mr. W. J. MAGUIRE, M.D.

Sir GEORGE NEWMAN, M.D.

Mr. ARTHUR NEWSHOLME, C.B., M.D.

Mr. JAMES NIVEN, LL.D., M.B.

Mr. MARCUS PATERSON, M.B.

Mr. R. W. PHILIP, M.D.

Mr. H. MEREDITH RICHARDS, M.D.

Mr. T. J. STAFFORD, C.B., F.R.C.S.I.

Miss JANE WALKER, M.D.

Mr. F. J. WILLIS.

Mr. ORME B. CLARKE (*Secretary*).

Mr. HAROLD J. STILES, M.B., F.R.C.S. Edinburgh,
Surgeon to the Royal Edinburgh Hospital
for Sick Children, and to the Chalmers Hospital,
Edinburgh, called in and examined.

618. (*Chairman*.) From your memorandum I gather that the point that you wish to emphasise is the danger of bovine infection, as far as children are concerned?—That is so.

619. Not pulmonary tuberculosis?—Yes.

620. In fact, you put it as high as 60 per cent.?—Yes, that is so in bone and joint tuberculosis.

621. Bone and joint tuberculosis?—And in human tuberculosis our researches are not complete, but it is still higher cervical glands; it is still considerably higher.

622. That 60 per cent. is based on an examination of how many cases?—Of 70 cases, 70 completed now; 70 we have completed.

623. Do you think that is sufficient to be able to take the figure of 60 per cent. as being accurate?—I do absolutely for Scotland, for that district mind, for that particular district for Scotland.

624. Do you think it would take in the United Kingdom?—Yes, I am positively certain it will.

625. Why?—It will vary, because I think there is more bovine tuberculosis in Scotland than in England.

626. Why?—I say so from experience. I was born in Lincolnshire, my father and grandfather practised there, so that all the time I was a student I scarcely ever saw a case of bone or joint or gland tuberculosis. One of the house physicians at the Children's Hospital, who is now an assistant physician in the Edinburgh Royal Infirmary, a very able man, one day came into the theatre when I had been operating on a lot of tuberculous bone and joint cases, and there were some Americans and Canadians there. He told me he was going into Northamptonshire as an assistant after he had finished his house physiciancy. I said to him, "When you get to Northamptonshire you will not see as much bone, joint, and gland tuberculosis as you see in Scotland; you will see very little." He came back, I think it was about six months or a year after, and I said, "Well, Dr. Moffat, how much bone, joint, and gland tuberculosis did you see?" "Practically none," he said. Now, you ask, what is the explanation of this? Well, I think the explanation is as follows:—That in Lincolnshire, where I was born, it is not a dairy-farming country, it is chiefly arable land. The farmers keep cows just for their own consumption, and in the town of Spalding, where I was born, that is in Lincolnshire, an agricultural town, I remember just enough milk was brought into the town to supply the inhabitants with milk for milk puddings and for tea, and so on. Milk was not drunk by the tumblerful as it is in Scotland. We drank water and beer instead

of milk. As a boy, for instance, I never drank a glass of milk in my life. When I went to Scotland, the thing that struck me most as a student was that the students for lunch went into a pastrycook's shop and took their lunch—a scone and butter, buns, and milk. A good many of the Englishmen, and I was one of them, had rather a chop, sausages, and a glass of beer. Now, of course, that applies especially to the bringing up of children. I think children in Scotland are brought up very largely on milk. In England, they are not brought up on milk to the same extent. But, further, I think there is more bovine tuberculosis in Scotland than there is in England. I have no proof of that, but that is my impression, that there is more.

627. That there is more in the cattle?—More in the cattle, I think; but then I am not an authority upon that subject. But that is my impression.

628. Would it be possible to get figures on that?—Well, that I cannot tell you; the veterinary man may be able to tell you on that; that I cannot say, but this much I can say, that there is, I am sure, a great deal of bovine tuberculosis in the rural districts of Scotland. We have proved that, because in cases in the Children's Hospital, where we have little children, say, a year or 18 months and two years old, suffering from bone and gland tuberculosis. Dr. Mitchell, who is one of my assistants and was a house surgeon, has been in the habit of going to the dairies and trying to find out where a particular child that suffers from this bone and joint tuberculosis has got its milk from, and now has got the distinct impression that there are certain districts in Edinburgh where there seems to be more gland tuberculosis. Dr. Mitchell is working specially at gland tuberculosis, and he finds that many of the cases from that district where there has been a sort of epidemic, you may say, of gland tuberculosis, have often got their milk from a particular dairy, and he has been able, in some instances, to trace that milk supply to a farm or a byre where he knows that there have been cows with general tuberculosis, or tuberculosis of the udder. I think I have instanced in my Report a very remarkable case where a child of 18 months had multiple osseous tuberculosis—only 18 months old. The parents lived in Perthshire, and I recommended Dr. Mitchell to take a ticket and see the parents and try and find out the source of the milk supply. He saw the parents, and he found that they were healthy and the other children were healthy. He took the Edinburgh veterinary inspector with him, and they found that the milk came from a farm about five miles away. They took a trap and drove to the farm. The farmer was out, fortunately; he had gone to market; the daughter was not inclined to let them into the byre to see the cow, but they put on an official air, and they got inside the byre. There were only six cows. Two of these six cows had tuberculous udders, so that the milk from that particular farm was simply teeming with tubercle bacilli, and I have no doubt was poisoning the children in the district. Now, that state of affairs, I think I may say, pertains pretty well throughout the whole of the rural districts of Scotland. There is practically no veterinary inspection worth speaking about in the rural districts of Scotland. There is even more inspection, although it is totally inadequate, in Edinburgh. There is a certain amount, but it is quite inadequate. There is one qualified inspector for Edinburgh. Edinburgh has, in the city, 2,800 cows milked every morning, and I think about 80 byres.

629. (*Sir George Newman.*) Who is he appointed by?—He is appointed by the Town Council. I believe he has two assistants, but—Dr. Leslie Mackenzie will correct me if I am wrong—he is the only official inspector.

630. (*Dr. Leslie Mackenzie.*) I am not quite certain?—I think he has two assistants, but it practically falls to him. In addition to that he is supposed, I understand, to examine the byres or the herds in the surrounding district, and in this district there are 250 byres or herds, dairy herds, and 80 in the town. He estimates that three-quarters of the milk supply in Edinburgh comes, not from the City, but from the rural district. Therefore, we may say that for three-quarters of the cows which supply Edinburgh with

milk there is no inspection, practically no inspection at all.

631. (*Chairman.*) Your point is that it is the quantity, it is the dosage, that produces the disease, is it not; that the children who drink a large amount of milk get this disease, but if they merely drank a small quantity they did not get it?—Oh, that will depend upon the milk. I have no doubt if they are drinking a comparatively small quantity of milk from a cow with a tuberculous udder it is quite enough to affect them. It is not the amount of milk that they drink so much as the amount of tubercle in the milk; but, of course, the more milk they drink the more; likely they are to get the tubercle.

632. Is the milk merely from cows with tuberculous udders or from cows with other tuberculosis?—I think it has been shown that cows with general tuberculosis can excrete milk through the udder without there being any clinical evidence of the udder being diseased.

633. In your opinion, if the cows with tuberculous udders were slaughtered, would that materially improve the position?—Yes, unquestionably.

634. But it would not prevent the future infection of herds, would it?—No, oh no.

635. It would not eradicate the disease; it would merely diminish the infection?—No, you must go further; you must slaughter the cows with general tuberculosis, with open tubercular lesions, ulcerations of mucous substances, and so on.

636. You have given us your general impression; are there any statistics comparing England with Scotland?—Well, I am not aware of that.

637. You made a point just now of inspection; do you think that is very necessary, the inspection of cow-sheds?—Oh, I think that is the crux of the whole thing. I think that inspection should not be by the local veterinary man at all; inspection should be by a Federal or Government Official.

638. From the centre?—Who does not practise in the neighbourhood, who has nothing else to do but this; a Government official who should be independent absolutely and should not practise.

639. (*Sir George Newman.*) Are you thinking of a veterinary inspector?—Yes, it is no use the cows being inspected by the local veterinary man; that would be useless.

640. (*Chairman.*) Are there any chief points in connexion with legislation or orders that you consider essential? You have suggested slaughter of cows?—Well, I think you should divide all the cows into five groups; first, the cows which do not re-act at all; secondly, cows which re-act to tuberculin but have no clinical evidence of tuberculous disease; third, those that have clinical evidence of tuberculosis apart from the udder; fourth, those which have tubercular udders; and fifth, those which are too tuberculous to re-act to tuberculin; because there is a group of that kind. And I think that the first set which do not re-act might get off scot-free; those which do re-act, but give no clinical evidence of tubercle, should be branded in some way, so that you will not lose sight of them; all the others, every one of them, should be slaughtered; there is no question of that.

641. That would be a very large proportion of the existing cow-herds?—That I might qualify, to say a large proportion, if you are to slaughter all those that were to re-act, but I do not know what the proportion would be if you only slaughter those which have tuberculous udders or have general or open tuberculosis, or those which do not re-act. The three last groups ought to be slaughtered. It is no use, I think, simply slaughtering a cow with a tuberculous udder. If a cow has general tuberculosis with open tubercular lesions, that cow ought to be slaughtered, because it may excrete tubercle. If it does not do that, it will infect the other cows.

642. If the milk were pasteurised, that would diminish the risk?—Yes, but I do not think pasteurisation is sufficient.

643. Why?—Well, it has been shown, I think, experimentally, that it is not absolutely reliable.

644. You mean it does not produce tubercle free milk?—No, I do not think so.

645. (*Dr. Latham.*) Can you give a reference to that experiment?—I could do, I think it is a New

York man. I cannot give you the date of it, but I think it is in the Journal of Medical Research. I could get it. I do not have it with me just now.

646. You could send it?—Yes.

647. (*Chairman.*) You mentioned just now certain farms or dairies where there were cows with tuberculous udders?—Yes.

648. Do you know anything of the history of the children living on those farms?—In some cases, in isolated cases, we do. There is one in particular, I think I have given in my report, where the grandfather of the child died of multiple osseous tuberculosis, and the grandfather worked on the farm. I think it is in that report, and he told Dr. Mitchell that one of the cows on that farm from which the farm servants were supplied with milk was so ill that it could not even stand; it was milked even lying down on the ground; then they thought it about time to get a veterinary surgeon to see it. The veterinary surgeon saw it, and found it was suffering from general tuberculosis and tuberculosis of the udder. Then it was slaughtered, but not till after it had done the damage.

649. Have you found many cases of perfectly sound children living on a farm where there were tuberculous cows with tuberculous udders, and drinking their milk?—That I do not know, but I should think that is quite possible.

650. In your opinion, notification of surgical tuberculosis would be desirable?—Yes, very desirable.

651. Because you consider it infectious, or is it to trace the source?—No, not because it is infectious so much, but to trace the source. It is probably, to a certain extent, infectious. If they have discharging wounds, they are discharging tubercle bacilli, but I think for the other reason more especially.

652. In your opinion, is research required? You make a point, I think, of researches in the relative amount of human and bovine infection for pulmonary tuberculosis in children?—Yes, I think that is a very important point; it is only by means of such a research as this that we have been able to realise the amount of tuberculosis in children which is of bovine origin, I am speaking for Scotland, of course, the district that I know.

653. Then you also make a point of the disease remaining latent or being, so to speak, cure-arrested, and then appearing later?—That occasionally occurs.

654. What do you mean, recurring; do you mean in adult life?—Well, generally in young adult life; it is more likely to recur in young adult life and probably adolescence. I think exceptionally so. I think in many cases in children who have suffered from bovine tuberculosis, if they have been cured of the local lesion; I think to some extent they become immune, and I think some of them grow up to be perfectly healthy and never see any trace of tuberculosis afterwards. We have followed up now a good many cases which were operated on when they were quite young children, and they are now at adolescence, or a little later in life, and a great many of these I have had back to the hospital where they have had a joint excised, and in a great many cases they have been perfectly healthy with their tuberculous scars absolutely discoloured, and no visible sign of tuberculosis.

655. In case of recurrence of disease, is that recurrence on the same spot?—Very often on the same spot, but sometimes in distant parts.

656. Might it be in the lung?—It might be, yes, but I think that is exceptional. However, Dr. Philip will be able to give information.

657. If it were in the lung?—I think then it is in the bronchial gland, and then spreads from the bronchial glands into the lung.

658. Where there is latency, do you think that there is a possibility of change of type of the bacillus?—I am not qualified to answer that question, it is *sub judice*.

659. I notice that in Dr. Fraser's table, the first three cases, there is hip disease, in a case of a child breast-fed whose parent had consumption?—Yes, that is a very important point.

660. Do you think the child was infected by the milk or in other ways?—No, I think by the parents.

661. By the parents, you mean by living in the same house?—Yes, and that is an additional reason for segregating the parents, because they are a danger to the children. He points out the very important point there, I think there are 25 cases in which he got a history of tuberculosis in the father or mother, and I think out of those 25, about 70 per cent. were human; therefore, in the majority of these cases, where there was a history of tuberculosis in the father or mother, generally pulmonary tuberculosis, the bacillus was of the human type.

662. You attribute the good results obtained in Edinburgh to the close connexion between the laboratories and the hospitals, do you not?—Yes. Dr. Fraser's work was done because he was my private assistant. He simply assists me at my operations, the whole of the rest of the day he has to himself, and I asked him to do this work, because I recognised that the Royal Commission Report did not sufficiently prove it, did not, to my mind, show the extent to which bovine tuberculosis exists in children, and he had the run of all my hospital cases and all the material.

663. When you say that the Royal Commission did not prove enough, what do you mean?—Well, I mean that, according to their results, the proportion of bovine tuberculosis in children seems, to my mind, to be very much less than it really is. I forget exactly how many children, I think it was about 14, was it not?

664. (*Dr. Latham.*) Seventeen per cent.?—No, but I think only 14 children were investigated, and in the majority of these the organism was human.

665. (*Chairman.*) These are pulmonary cases?—No, in the majority of the children they made out that the majority were human, except, of course, in abdominal tuberculosis. There is one very important point I want to insist upon, and that is, that in Dr. Mitchell's researches, I think he has completed about 30 cervical gland cases, and in every one of those cases the organism derived from the cervical glands was of the bovine type. That seems to me to show that the cervical gland tuberculosis, at any rate, when it is in the upper set of cervical glands, had received their lymphatics from the throat, that the infection is bovine and from milk rather than avian infection, and human. I think that is an important point.

666. That is to say, if there were research in future, it should be carried out by laboratories working in close connection with beds?—In close connection with hospitals, therefore, I would recommend that any research which is carried on to estimate the relative frequency of human and bovine tuberculosis, in surgical tuberculosis, I can only speak of in children, that that work should be done in connection with a hospital, where there is a large amount of material, and I would suggest that it were done—I am speaking for Scotland—in Edinburgh, in Glasgow, and in Aberdeen, because there are large children's hospitals in each of these three towns. That the man who is appointed to do the work should have the run of the hospital, should have all the material derived from that hospital, and he should work in the laboratory where there is every equipment, and he should work also under a specialist; he should be a specialist himself, but still he should work in a laboratory which has a scientific reputation for this kind of work.

667. You think it is important to make further investigation as to the relative infection from human and bovine sources?—Yes, in different districts. I should like to see these results confirmed, say, in Aberdeen and in Glasgow, and then I should like to know what the results are in England, because I think that it is by these results that you can estimate, give a very fair estimate, of the amount of bovine tuberculosis in the different districts of Great Britain.

668. Now, in carrying out this research, you know there is a certain amount of money available, not necessarily to be used, but becoming available for research?—Yes.

669. Have you thought out any scheme, any machinery, for the best use of that money?—Yes. With regard to this particular research, I think that you should have it, as I have said, probably carried

out in three districts in Scotland. I choose these three because they have got laboratories for the purpose, Edinburgh, Aberdeen, and Glasgow. They have got pathological laboratories, where the work could be carried out under the Professor of Pathology in each of the Universities, or in Edinburgh at the Royal College of Physicians' laboratory, under Dr. James Ritchie, where Dr. Fraser's researches were carried out. I think that these men should practically give their whole time to this research, because it is a laborious piece of work, it takes a long time, and a good deal of research, to state in a given case whether it is human or bovine. It means a lot of culture work and animal inoculation. It takes, at any rate, about six weeks to say for certain whether the case is human or bovine, or sometimes more than that, and I think this man, if he is going to devote his whole time, and he certainly should do so, should get a living wage.

670. He should be a whole-time man, devoting his life practically to that?—Yes, a young man who has aptitude, and who has a training for that particular kind of work. He should have expenses for his animals, and his re-agents, and that sort of thing, in addition.

671. When you talk of animals, do you mean small animals, or do you consider it necessary to have large animals?—No, I do not think large is essential at all; I think guinea pigs and rabbits are quite sufficient.

672. You have been talking in terms of Scotland, so for the moment, without prejudicing anything, we will go on in terms of Scotland. Roughly, the income would be over 6,000*l.*, I think?—Yes, for Scotland.

673. Now, would you consider that money was better spent if it were divided up into three hospitals and laboratories, or if it were used mainly to run one big institute?—Three laboratories, unquestionably.

674. Now, would you have those three working more or less independently?—Yes, more or less independently.

675. Practically, you would divide the money up equally between them, and give them each a free hand?—Yes.

676. Would you have either an Advisory Committee, or a Director of Research to distribute that money, or would you leave it to the Government Department, who happened to have the money, to distribute it?—I think it might be left to the medical representative of the Local Government Board.

677. Would he merely give the money, or would you suggest that he should in any way direct the lines of inquiry, or that there should be frequent consultation?—No, I think he should merely give the money. I think that the head of the laboratory where the work is done should be consulted, and he should direct the research, or, at any rate, superintend it. He should give you the benefit of his experience. For instance, I am quite sure that the Professor of Pathology in Glasgow University would be only too pleased to assist in the matter. He is a personal friend of mine. I saw him the other day and we were talking about it. And I should think the Professor in Aberdeen would do the same, and I think in Edinburgh the work should be carried on in the College of Physicians' laboratory, where it has already been begun. I am making an exception there, I am not saying Edinburgh University, because the work has already been done in the College of Physicians, and I think it should continue to be done there.

678. Supposing there were other good work being done in other laboratories, besides those three, would you use any of the 6,000*l.* to subsidise them?—Certainly, if they have got the material and good work is being done.

679. Wherever you find promising work being done, would you give them a grant from your Central Fund?—Yes.

680. You said just now that the Royal Commission had not proved enough; do you consider it necessary to carry out the work that they have begun?—I think that the work will be better carried out in this way, if I may say so, than it would with the Royal Commission. I think the mistake that was made with the Royal Commission organisation was that it was not done in connexion with the hospital, where they had so much material.

681. You mean to say that they ought to have worked more closely with hospitals?—Certainly.

681a. They were not in touch with hospitals?—Well, I do not think to the extent they might have been; they had not anything like the extent of material that they could have got, do you see?

682. Now, as to the institutions for children, have you any idea as to the number of beds that should become available, the number of beds required for treating non-pulmonary tuberculosis?—Do you mind, if I interrupt you for one moment, before we leave the research question; do you conclude I have finished all I have to say about the research?

683. No, if you have anything else?—There is a great deal more to be said about that. I think there is another department of research work which will have to be undertaken, and that is the investigation of the milk. I think you should divide the research into two parts. There should be the man who is in touch with the hospital, who is investigating the patient with the surgical tuberculosis, with the object of finding out whether that tuberculosis is human or bovine. But you must have another investigation; you must have a man who is investigating the milk throughout the country, and these two men must be quite independent. The man who is working in a hospital can help the man who is working at the milk, because he can point out very often, tell him certain districts where there is a great deal of surgical tuberculosis coming from, and he can help him a great deal. But the man who is working at the milk will have to do nothing else, because he has a lot of travelling about to do if he has to investigate the milk of a certain district.

684. Do you mean a sort of inspector?—No, a bacteriologist. The pure expert bacteriologist should examine the milk throughout the whole of Scotland, and Scotland should be divided into districts for the purpose.

685. (*Sir George Newman.*) Do you mean that he should examine the milk with a view to determining the percentage of tuberculous milk?—Certainly; that is the only way in which we shall be able to protect the public. He wants to know if a dairy is supplying to the public tuberculous milk.

686. Then the research is rather in the nature of inspection?—Oh, no, it is much more; you want a veterinary inspector as well; you will have to have a veterinary inspector and the researcher.

687. I am not making myself clear; it is not for the purpose of adding to human knowledge with regard to tuberculous infection of milk, but with regard to determining what percentage or degree, or mass of infection, there is in the milch cows of Scotland?—Yes, and in order to determine what particular herd is infected.

688. Perfectly, but the object of research is inspectorial in the sense of determining the degree of infection; it is not an original research to determine whether or not tubercle exists in milk?—Oh, yes, we want to know whether there is tubercle in the milk.

689. Do we not know?—You do not know to what extent.

690. We know that bovine milk may contain tubercle?—Yes, but you want to know in a given herd if that herd is actually supplying milk containing tubercle; that is the very point, you know.

691. (*Chairman.*) But, if I may say so, is not that ordinary administrative routine work of the Local Government Board of the country?—No; I am perfectly certain the Local Government Board is not undertaking that; it is only a drop in the ocean what the Local Government Board is doing.

692. (*Dr. McVail.*) But it might be the work of the local authorities, if they were properly organised?—No, I would say not; I would say that ought not to be done by the local authorities, but by the Local Government Board; the local authorities will not do it; you will not get them to do it.

693. (*Dr. Leslie Mackenzie.*) Your point is that the research should, in the first instance, keep in touch with the patients in the hospital?—Yes.

694. It should also keep in touch with the food supply of the county for the purpose of exterminating tuberculosis in children. Your point is a practical one?—A practical one, absolutely.

695. And your contention is that your research should be practical and scientific at the same moment, but that it might be carried out administratively without your experts getting at the facts in the country?—Yes.

696. You want, of course, your director of research, in other words as a piece of applied science ultimately to extirpate tuberculosis?—Certainly, and to be conducted by the Local Government Board, not by the local authorities.

697. Is there any other point you want to bring up in connexion with research?—Yes; then the third is, of course, a veterinary inspector; he should be a Government official too, in my opinion, the veterinary inspector; he is not the man who is to examine the milk; he has not got the expert knowledge.

698. (*Chairman.*) Now, as to statistics; do you think that is of much use, of much value?—I do not think your statistics are of much value at present until you carry out these investigations, and then they will be of value.

699. Why are they not of much use now? Do you mean the data are not sound?—I do not think they are, no.

700. Why?—Because a veterinary inspector, who examines a herd, cannot tell you what proportion of these cows are tuberculous unless he inoculates them to begin with, you cannot tell merely by hand examination.

701. But, if they were better carried out, you think it would be valuable to have statistical information; to have research on those lines?—Oh, certainly, and that is what I think a veterinary inspector should do; a veterinary inspector appointed by the Local Government Board; he might be appointed by the Board of Agriculture, but I think it is not the duty of the Board of Agriculture. The Board of Agriculture's duty is more in connexion with the animals, but the Local Government Board more the animals in relation to the human subject.

702. In relation to public health?—Yes, to public health.

703. Now, the question I was just asking you as to the number of beds required?—Oh, I do not think that is quite the point, because a good deal will depend upon whether that particular hospital is in the habit of taking in cases of bone and joint tuberculosis. If it is a big city hospital, it is bound to take them in, because we get bad advanced cases, which must be operated on, and, therefore, any big city children's hospital is bound to have any amount of material.

704. Does it matter, in your opinion, whether a hospital is situated in the town or in the country, or by the sea as far as results are concerned?—No, it does not matter a bit if you have got a seaside hospital especially for tuberculous cases in children; then all you have to do is to equip a laboratory to that hospital with a scientific man there to do the work. That would do perfectly well, but the difficulty there is that you would have to have your laboratory attached to a hospital; now that is not always convenient; I think that is rather an expensive way in the country, because in big cities you have got your laboratories already equipped, and you have got the material; you have got the Out-patients' Department that supplies material too.

705. As regards the treatment—the actual treatment, the benefit to the patient; is there no difference whether the hospital is situated in a town or in the country or by the sea?—Oh, yes; I think that what we want is more of the country hospitals for treating these case of bone and joint tuberculosis.

706. You mean to say you get better results out of a town?—You will get better results out of a town, especially in the early cases, and in the cases which have been operated on in the city hospitals and then sent to the country. But there is, I am sorry to say, a considerable proportion of cases which will still have to go to the city hospitals, because they will require to be operated upon, and if you have them operated on you will expedite the cure; there is no question about that. The other plan of sending all advanced cases of bone and joint tuberculosis to the country is a very expensive one, because the cure sometimes takes two, three, or four years; whereas, if the case is sent to a city hospital in the first instance,

and is operated on by an expert, then the cure of it is very greatly hastened. I know there is a certain amount of difference of opinion about this, but with the experience I have had of children's hospitals I am perfectly satisfied that a large number of these children are greatly benefited by operation; but we have no place to send them to after the wound is healed to complete the cure.

707. After the operation you would then send them to a country institution?—Yes, and in regard to the cases which come to city hospitals the surgeon there would have to exercise his discretion as to the cases he thinks should be sent straight to the country without operation, and which cases should be taken into hospital for operation.

708. He should, so to speak, be the clearing officer?—Yes. But at present we are very much handicapped, because, after operating on our cases, we have to keep them in the city hospitals; well, we cannot do that because of the demand for beds: they have to go to their homes, where they are not properly looked after.

709. They cannot be properly treated at home?—No, so that I think your country hospitals should be both for early cases and for advanced cases which have required an operation.

710. (*Dr. Addison, M.P.*) There are one or two points I want to ask you; you say that further research is needed in the case of children with cervical glands, and cases of that kind. Is your reason for saying that that we have not yet sufficiently investigated those cases, or that the fact is not sufficiently well established to argue upon it?—Well, I think the fact is not sufficiently well established, because, as I said before, the Royal Commission on Tuberculosis did not establish it, and these are the only other results we have got, and they require confirmation, and it is far better to have it confirmed in other centres.

711. To leave that point for a minute. The man in the laboratory for example, Dr. Fraser, you said should devote his whole time to the work?—Yes.

712. Now who would choose these men?—Well, I think you should leave that to the surgeon-in-charge of the tuberculous cases in the hospital and the expert pathologist, for instance, I should do it. I happen to know, of course, the men who are adapted for that sort of work, and I should get information either from Dr. James Ritchie—who is the superintendent of the laboratory of the College of Physicians, or the professor of pathology.

713. Would you suggest that the staff of the institution should nominate a man for this work?—Yes.

714. Would you allot a certain number of places to a given hospital, or would you allow them to nominate 1, 2, 3, or a stated number at each of these laboratories?—Oh, I think one man can overtake the work of one hospital if he devotes practically his whole time to it.

715. But in a large hospital there would be more than the work of one man?—Yes, there would be. You would get your results quicker of course, there is no question of that, quicker results.

716. And you would leave the nomination entirely to those on the spot?—Oh, I think so; they are best able to judge, although I must say I think one man is probably better to have rather than two men.

717. Now supposing you yourselves have not at the moment available a suitable man, but that a suitable man, presumably suitable from somewhere else, wished to come and work at your institution, would you give any central committee or any other body power to allot a man to your laboratory?—Oh, I think so; I do not see any objection to that whatever.

718. Who would pay the man?—The fund.

719. Yes, but would he look for payment to the authorities of your institution?—Oh, no, he would look for payment to the Government official who was distributing the money.

720. On your recommendation?—Yes.

721. Would you pay the man or would you subsidise the laboratory?—Well, of course, that is an important point; I think you would have to pay the man a certain salary, and you would have to give him a certain amount for expenses. That amount would be to provide him with animals for re-agents and also

probably to subsidise the laboratory for those re-agents.

722. How would you determine at which laboratories and which institutions you would pay men; what tribunal would you suggest should decide?—Well, I think I would leave that to the man who is going to supply the material to do the work who is in touch with all those scientific men.

723. I do not understand to whom you are referring?—The man who has the material in the hospital.

724. The surgeon?—The surgeon. It is to his interest to get the best man and that that man should work to the best possible institution.

725. But I take it you admit it may be conceivable that in some places, not institutions like yours, but it might be conceivable in a large number of cases that a man might think that his place was suitable as a laboratory, and so forth, whereas really it was not?—Well, I think if you are going to make the surgeon responsible for handing over his material and getting the best possible results out of that material, he would take jolly good care to see.

726. Take small provincial hospitals with a hundred beds, in provincial towns with a small laboratory attached?—I do not think that would be a very good thing.

727. How are you going to select the institutions? Well, that could easily be done amongst themselves; have you not some men here?

728. Well of course this committee has no executive power?—Well, but in all your big cities, now in England where you have universities and teaching schools you have got properly equipped laboratories. For instance, you have got Liverpool, Manchester, Leeds, Birmingham, practically all through the country.

729. Well, let me ask you to put it specifically, now would you leave the selection of these laboratories to the Insurance Commission or to the Local Government Board, or to the Board of Education, or a Board set up for that purpose?—I would leave it to the Local Government Board with every confidence.

730. You would leave it to either of those bodies with every confidence I suppose?—Yes, certainly, because I have no doubt they would get advice from some expert in the place, from the town.

731. Would you object to outside expert advice; it might be prejudiced, local advice?—No, I do not think so.

732. Would you object, for instance, to a Board of Advisors to organise this?—No, I think that would be an admirable thing; I think you should have a Board of Advisors.

733. I mean to advise whichever department it was?—Yes, to advise, and where the work was done in what particular centre, and in what particular laboratory, certainly.

734. How would you avoid overlapping the work which might for example happen; work being duplicated?—That is what you want. I do not think there is any objection to it being duplicated; I think you want to duplicate it.

735. Do you think it might be undesirable to duplicate work by which they were seeking to establish some proposition which had already been established? It might be a waste of energy, might it not?—No, I do not think it would be, because then you would settle the matter once for all and very quickly, instead of spreading your research over several years if you have several men working at the same thing, then they confirm one another and the thing is settled. There is no dubiety about it, and you would want to know the amount of tubercle in the different districts.

736. May I ask for the moment who you are thinking of as "you," who is "you"; the Board of Advisors?—I am speaking of this committee just now; I think the Local Government Board.

737. Say the Local Government Board; supposing that they were satisfied that some particular truth had been sufficiently established, would you then give the body at the head power to say to laboratories, "we do not think you need carry on any further research; that is established"?—Certainly.

738. They themselves to some extent control the director of the individual laboratories?—Oh, yes,

certainly. I think there should be a controlling body, certainly.

739. Then you think that the grant of this money must necessarily be accompanied by a certain measure of control?—Yes, I do.

740. How do you think that control would be exercised, by inspection, or what?—I think, of course, a report should be sent in naturally at the end of every year as to the work that has been done.

741. Sent in to the body that was responsible?—Sent in to the body that was responsible.

742. Do you think that it would be desirable to have an office for co-ordinating all those reports, publishing them in a volume?—Oh, yes, I think so, certainly I do.

743. Would you establish a central office then to deal with this matter?—Yes, a central office merely for unifying the work, and that sort of thing.

744. Would you have a central office for the United Kingdom, or one in Scotland, one in England, and one in Ireland?—Oh, I should think the United Kingdom would do quite well.

745. If we had one?—I think so.

746. Would you have a statistical department apart from this co-ordinating office?—No, I do not think so. I think the statistics might be worked up after reports had been sent in. I do not think you could decide whether you should have a statistical department straight away; I do not think you would need it except in connexion with the veterinary inspection, and that sort of thing.

747. Leaving administration questions; coming to these beds for the children for a moment; on an average how long do you think children would require to be in the beds, for either an early case or an average operation case; an average?—Excuse me, do you mean that the children are to be kept in the hospital for this special work. You could not expect that.

748. You do not quite follow me. We spoke of sending children to suitable institutions in the country, or somewhere or another, early cases of children's tuberculosis which require rest, or after operation, for instance; how long do you think on an average a child would require to be in one of those places?—In one of the special hospitals or in the country hospital?

749. No, in the country hospital?—From some months up to some years.

750. You do not think, in estimating the number of beds required—because, of course, it affects that, does it not?—Yes, it does.

751. You do not think you could allot it less than 18 months on an average?—Well, I think a year or 18 months would be the average.

752. You think we ought to estimate at least for that?—Yes, I do.

753. What kind of institution do you mean in the country; do you mean a brick building or a wooden one?—I think it may be a very simple building indeed; a simple building.

754. A shelter?—Yes.

755. Wooden erections?—Wooden erections would do perfectly well, I think.

756. What kind of a staff would you have there?—Well, you would have to have a fairly good staff, because those cripple children want a good deal of attention; you would need a bigish staff.

757. Would you have nurses?—Oh, yes, cripple children require more nursing than children who are not cripple; it is an expensive business.

758. Exactly. What kind of a medical staff would you require for say 100 beds; for 100 children, one superintendent?—Yes, quite enough. It is more the nursing, than the medical staff, I think, that is required.

759. The long residence, I take it, applies to bone and joint cases?—Yes, to bone and joint cases.

760. What about gland cases?—The gland cases, not so long. Nothing like so long except the abdominal tuberculosis; they would require longer; not the cervical ones, in fact, these are generally operated upon, you would not get so many of those, or you should not.

761. You say you should not?—No, you should not get so many of those, because they get cured by operation at once; there is no question about that.

762. You think that is sufficiently well established ?
—Oh, absolutely. It is a local disease which can be removed by a careful operation ; there is no difficulty about that.

763. I take it these children, a good many of them, are in a delicate state of health ; these children that you say would be operated upon successfully ; would they then require a long stay ?—No, very little, not in the gland cases, very little, they could go to the ordinary convalescent hospitals in their own city ; they do not require this prolonged treatment.

764. Convalescent hospitals ?—In connexion with their own particular hospitals, if they have got them.

765. Supposing they have not got them ?—Well, even then, I do not think many of these need go to the country hospitals, not the cervical gland cases, they pick up so quickly after the disease has been removed.

766. You say that in a number of bone and joint cases the cure is expedited by operation ?—Yes.

767. Could you give me any idea as to what proportion of the cases you think that applies to ?—Where the cure is expedited ?

768. Is expedited by an operation ?—In, say, 25 per cent. There is a difference of opinion about that.

769. Oh, yes, I am aware ?—But I would say 25 per cent.

770. And is it only early cases where this operation that you are speaking of is useful ?—Not the early cases ; a great many of these can be cured by simple rest and outdoor treatment.

771. I take it that when you are dealing with a case that is diagnosed early it would be sent away straight off to the hospital ?—It should be.

772. And given a chance of cure without operation ?—Certainly.

773. And that child would require from 18 months to two years ?—Yes.

774. Then, if our methods of diagnosis improve and we get the cases early, it may increase the length of time each child may have to stay in a country hospital ?—No, I would not say that.

775. After operation they do not require so long ?—No, that is quite true ; a certain number of them do not require so long, but there are others where the disease is so severe, where you cannot remove it all, and it may require a long time. You must divide these operation cases into two groups, those in which you have practically removed all the diseased part. In the case of tuberculosis disease in the knee-joint, we can guarantee a cure by operation in six months.

776. And the after-life of these children, do you find most are satisfactory ?—Those of the hip are the most unsatisfactory ; the hip-joint ; the knee-joint cases are very satisfactory, except that they have a stiff knee, but otherwise they are useful members of society.

777. (*Sir George Newman.*) In the opening of your statement you say, "It is my belief that per head of the population these forms of tuberculosis occur with exceptional frequency in Scotland" ; do you mean in Scotland as distinct from other parts of these islands ?—Yes, I do.

778. What is the evidence of that ?—The evidence of that is, that men speaking to surgeons in England who come up and see the amount of tuberculosis we have there, they admit it ; they say they do not see as much as we do. There is a certain kind of bone tuberculosis, for instance, where the tubercle spreads up the shaft of the bone, which I have seen a very great deal of, and they tell me that here in the south they very seldom see it.

779. It is a general impression among surgeons ?—Yes. And, then again, there are the men who come from the States who have visited the hospitals in England and then they have come up to Scotland and they tell me that they see very much more tuberculosis.

780. Would you go so far as to say that any State provision under the Insurance Scheme or otherwise, for the help of these tuberculous cripple children will require more, proportionately, assistance in Scotland than in other parts of this country ?—I think so, yes.

781. Could you give us any approximate idea as to the amount of surgical forms of tuberculosis which you think exist among children ? You say "fre-

quency"; "exceptional frequency"?—Well, I will put it this way—I think out of all the cases which are admitted into my wards in the children's hospital—

782. How many beds have you?—I have 42 surgical beds; I think it is stated as a foot-note to my Memorandum.

783. Yes, it is?—Well, I think the percentage is there, is it not—about 25, is it not—25? Now, I could fill the wards with nothing else; I cannot take them all in. A great many cervical disease cases that have to be put in a splint are simply sent here in a splint; many of the other joints are put in plaster and sent home; I could fill the hospital with nothing else.

784. Then there is a shortage of beds for those cases?—Yes.

785. I am not quite clear about this 25 per cent.; is it 25 per cent. of all tuberculous children, or only those who are suffering from surgical forms of tuberculosis?—25 per cent. of all the surgical cases which are admitted into my wards; 25 per cent. of the surgical cases are surgical tuberculosis.

786. I am sorry, but I am afraid I do not follow that; 25 per cent. of the surgical tuberculosis are surgical tuberculosis?—Of the surgical cases.

787. But all your cases are surgical tuberculosis?—Yes.

788. What percentage of child population, as a whole, in Scotland do you think is suffering from any form of tuberculosis?—Oh, well, I can help you there, If we take the Von Pirquet skin test vaccinating with children, one of the assistant physicians at children's hospitals, Dr. McNeal, has investigated that point, and I think he finds—

788a. Perhaps you will give us the reference to that?—Yes, the paper is here, I will give it you after; tuberculous infection. I think perhaps Dr. Philip remembers; it is about 50 per cent., is it not, that all children of the poorer classes re-act to tuberculin by the Von Pirquet test, about 50 per cent., is it not?

789. I rather want to get your opinion; I have got a great many opinions at the Board of Education from Scotland, and from various high authorities throughout Europe; I only want your opinion as an eminent surgeon, and your view of the percentage of school children and children of the school age, any child, say, under 15 years of age, is suffering from any form of tuberculosis?—Well, I must put a question to you. Do you mean tuberculosis which is clinically detectable, or where the patient is proved to be tuberculous on account of vaccination?

790. I shall be very glad of both?—I can only give you the vaccination; I can give you the Von Pirquet test, I think about 50 per cent., the figures are here, but I am sorry to say I cannot tell you; an inspector of school children can tell you, I have no opportunity of telling you that. The cases are just sent in to me; I cannot tell you what the proportion is; the school inspectors could tell you that.

791. School inspectors throughout the country generally seem to come to a figure of about one per cent. of the children that they inspect are suffering from tuberculosis which they can diagnose on inspection. You would say that that was an under-estimate?—Yes, I would distinctly, an under-estimate.

792. You would not like to venture a figure?—No, but I would say that is under-estimated; I would say nearer five per cent.

793. Nearer five per cent.?—Yes, I would; that is my impression.

794. Then in your next paragraph you say: "The situations in which surgical tuberculosis is most frequently met with in children are the bones and joints and the lymphatic glands." Under lymphatic glands, I presume, you include abdominal glands?—Yes.

795. And the clinical evidence is there which indicates the milk origin. You have come to the conclusion that clinical evidence strongly supported the idea that tuberculous milk was a common means by which infants and young children became infected with bone and joint and gland tuberculosis.

796. What is the clinical evidence as to the milk origin?—The clinical evidence then is this, that the large proportion of these cases of gland and bone and joint tuberculosis occur within about the first three or

four years of life. There is a much greater incidence at that age than there is later on.

797. That is the evidence?—That is the evidence that in infants and young children these diseases are more common than they are in school children.

798. Why is that evidence of tuberculous milk age incidence evidence of consumption?—Because the child is chiefly fed with milk.

799. What proportion of milk do school children in Scotland get; do you think they drink much or little?—I cannot tell you. I think infants, of course, must take milk, and I am saying up to three or four years of age, and Dr. Fraser's results, if you look at these results—

800. (*Dr. McVail.*) Before you came in, Sir George, Mr. Stiles explained, in his opinion, milk is much more freely used among children in Scotland than in England. In England they used beer or water and not milk.

801. (*Sir George Newman.*) I am much obliged to you?—Yes, in Dr. McNeal's paper on the tuberculin test he brings that out very strongly.

802. Now, is that the only point in the clinical evidence age incidence, or could you help me more particularly by stating whether there is any other clinical sign or symptom or evidence that you would like to state as being evidence on this point of origin?—Yes. If we find a child who is riddled with tuberculosis has been fed on milk which is tuberculous, as we often find, then surely that is the best evidence. We have been able to trace in many cases, you observe, the milk of that child, and we have found it has been having tuberculous milk.

803. (*Dr. Addison, M.P.*) Had these children bone or gland tuberculosis?—Very often both. I think I may say, as a rule, that the bone tuberculosis is secondary to gland tuberculosis, that the primary trouble was in the cervical gland, but that really it was abdominal and very often intestinal.

804. (*Sir George Newman.*) You say the chief incidence of tuberculosis is in children under four?—Yes.

805. Have you found any difference, any relative difference, between boys and girls?—No, I do not think so.

806. Have you found that it is limited; that surgical tuberculosis is limited to any social class of the community?—Yes.

807. To what class?—It is commoner in the poorer classes undoubtedly, very much commoner.

808. Now with regard to what we mean to do for these children, are you familiar with the work that has been done at Berck-sur-mer, in France?—At the sea-side you mean? Fairly familiar, yes. I have not seen it myself.

809. Have you seen any institution of that kind?—Yes, Haswell Hospital, on the Dee side.

810. How did that impress you?—Well, of course, that is a very fine institution, but it is rather an extravagant one. I mean it is a very handsome building, and all that sort of thing. I think you could work on those lines, but I do not think that the building need be so extravagant.

811. But you believe in the open air?—Oh, absolutely.

812. To that extent?—Yes.

813. All through the year?—Yes, I do.

814. And you believe in immobilisation?—Yes, strongly.

815. But I gather from what you said that you are rather in favour of operation?—Yes, I am, very decidedly, that is to say, where, in spite of rest, the disease is advancing. Then I think you should step in and operate.

816. You think that we should not really meet the case if we provided institutions which were of the Berck, Alton, and Haswell type?—No, I do not think so; I think they go too far in the conservative direction; far too far.

817. Could you help us at all with the number of beds that you think we will require for institutions of the kind throughout Scotland?—Well, you mean the number of hospitals or the number of beds in each hospital?

818. The number of available beds?—For the whole of Scotland?

819. Yes?—For that kind of case; for the surgical tuberculosis?

820. For the surgical tuberculosis in children?—For the surgical tuberculosis in children; well, I should say that is a difficult question.

821. (*Dr. Leslie Mackenzie.*) Perhaps if you confine yourself to Edinburgh?

822. (*Sir George Newman.*) Yes, by all means; you state the case as you prefer it?—What district is Edinburgh to include?

823. (*Dr. Leslie Mackenzie.*) What feeds the sick Children's Hospital?—That is an extensive district you see there.

824. (*Sir George Newman.*) Could you not take the city of Edinburgh as a whole; take that?—That is a very difficult question.

825. Three hundred and twenty thousand?—The 320,000, the city of Edinburgh; we are only taking the Edinburgh cases.

826. (*Dr. McVail.*) You have also Leith; you cannot distinguish the two; take 400,000 Edinburgh and Leith?—Well, we should need, at any rate, 100 beds at the least.

827. (*Sir George Newman.*) Out of 400,000 population you would need 100 new beds?—Yes.

828. (*Dr. McVail.*) Additional beds?—Yes, additional beds.

829. (*Sir George Newman.*) Are these beds in Edinburgh in connexion with your hospitals, or are they to be marine or country institutions?—Oh, they should be somewhere in the country, certainly; not in connexion with our hospitals.

830. You would put them away outside Edinburgh?—Certainly.

831. Do you think an institution of that kind should be 100 beds or more?—Oh, more if possible.

832. What number would you go to?—Are you going to do it on the pavilion system?

833. Which would you advise?—I presume really what you want to know is this, do you want a few very large hospitals, or do you want small ones?

834. Precisely; do you recommend that we should have four or five small institutions in an area such as Scotland; I am thinking, of course, in terms of England; or do you recommend that we should have one large one of 500 beds?—Four or five.

835. Small ones?—Certainly.

835a. Would it not be more expensive?—I do not think it would; there is the access to the hospital.

836. You are aware that the authorities in Paris have advised in precisely an opposite direction?—I did not know that.

837. They think there should be institutions for children up to 1,000?—Yes.

838. Would you think that there was anything particularly unsatisfactory in having institutions up to 1,000?—I suppose you run more risk of infection when infection does occur. It would be a more serious matter in a hospital if you had a thousand beds.

839. You mean infectious diseases?—It would be a more serious thing if it gets into a hospital with a thousand beds.

840. What about 250; what about the size of Alton?—Two hundred and fifty, that is quite a good number; yes, that is not too big.

841. Now, would you reserve such an institution for children who do not require very much medical attention, or would you also take up an institution for such cases as Mr. Jones has got at Haswell?—There you raise a most important question. Are you going to take cases that require expert surgical treatment; if you do, then you have to have an expert surgeon for the purpose.

842. What do you advise?—Well, of course, if you can get an expert surgeon all the better.

843. Well, there is Berck, and Alton, and Haswell?—Yes.

844. Do you approve of a movement in that direction, or do you say that is the wrong direction in which to go?—Are you referring especially to tuberculosis?

845. Yes, certainly, tuberculosis in children?—Well, if you can get an expert surgeon, then I would, because if the operation is done out in the country the child would make a better recovery after the operation, but then you are going to have a more elaborately equipped hospital. Mind you, it is going to increase your nursing staff, and your resident staff, if he is going to have the operation cases.

846. I agree?—I think myself that the operation cases can still be done in the towns.

847. You do not think it would be practicable to have the operation in the town and send the cases out afterwards?—As soon as it is able to go, by all means.

848. I agree, not next day, but when it is able to be moved?—Yes, I do not see any reason why you should not send a case from the country into the city hospital for operation.

849. What would you recommend, Mr. Stiles; what do you advise us to do?—Well, I think that would be the cheaper way. Well, of course, if you could get the operations done in town and then send them out to the country afterwards, because I think it is going to be a very serious business if you are going to have expert work done in these hospitals.

850. You say that, against the experience of Berck, 1,000 cases, and the experience of Alton, and the experience of Haswell?—Well, no, it is a difficult problem that, because, of course, if you are going to have the very large hospital and you can get an expert surgeon, he will be now an expert because he would be doing nothing else but that.

851. Oh, surely we could get an expert surgeon. Do you suggest that a medical staff to run all these institutions is difficult to get?—You can get a resident staff, but who is to do the expert operating, are you going to send for the special surgeon? It is not an easy matter for him to go away out to the country; it is a big order; he has a good deal of hospital work to do in his own city. It is a difficult problem. If you are prepared to have an expert surgeon, to have a very large hospital, say, of a thousand beds, and have an expert surgeon to do nothing else, and pay him a good salary, that is the ideal thing.

852. You would prefer that?—By all means.

853. You would prefer that institutions should have a whole-time staff?—Certainly.

854. They should be large enough to pay for a whole-time staff?—Certainly.

855. And then you would have them all in the country?—Yes.

856. So that your ideal, quite apart from teaching, expense, and convenience, in Edinburgh, would be to remove your children in certain tuberculosis beds from Edinburgh, and do them outside?—Apart from the teaching I think that is the best thing.

857. (*Dr. Leslie Mackenzie.*) What salary, Mr. Stiles, would you suggest for an expert surgeon?—There is this one difficulty there, if I may point it out to you, and that is, if you are going to concentrate all this what I may call bone and joint surgery, in one big hospital, then what are your better classes to do. Supposing you, for instance, have a child suffering from a tuberculous disease of the hip or knee joint, how are you going to get that case operated on; how are you to get a man with sufficient experience to do it; are you to send that patient there or are you to get this whole-time surgeon to do it?

858. (*Sir George Newman.*) But these institutions which we are speaking of would not absorb all the practical surgeons of the day?—No, you do not quite see my point.

859. I am sorry?—Supposing a child, an upper class child, wants an expert operation by a man who has got experience in this particular kind of work, where is he to get the man from if the whole of this work is to be done practically in one big institution?

860. Let us pan this out. On the children we have got in England and Scotland we probably should not want, for argument's sake, more than a dozen institutions. Now, if we use a dozen eminent surgeons for this kind of work, surely there would be plenty of surgeons still left of ability and equal eminence who would look for private practice?—Yes, they will not get the same kind of experience; the same amount of experience; the private patients will not be so well treated.

861. Many of the better class of children have made application to get into the poor institution at Berck, and been refused?—That was the only point that struck me.

862. Have you anything you would like to say about salaries, finance, and government of these

institutions?—Yes, I was going to suggest to go back to the research.

863. Would you mind keeping to treatment?—Yes, quite right.

864. What do you think would be suitable?—A surgeon who gives his whole expert time?

865. Yes; and let us, for the sake of argument, say 250 children?—Well, I think 1,000*l.* a year would have to be the minimum, because a good expert surgeon—well, he commands a little more than that.

866. The head surgeons who are now occupied at Berck and Alton would be very glad to hear that answer. Now on the point of notification of surgical tuberculosis. What exactly do you propose to notify?—I think if you want to do it thoroughly you must notify every case of surgical tuberculosis; that is to say, a child with tubercular glands in the neck.

867. A child with one tubercular gland in the neck?—I think so, certainly.

868. A child with a tubercular abscess in its tooth?—Yes.

869. A dental tumour?—Certainly.

870. You would notify all such cases?—Every one of them, yes; they have got the tubercle from somewhere, and you want to know where.

871. In Germany I have been told that 80 per cent. of the children under 15, either by the Von Pirquet or other test, show signs of tubercle?—Well, I said 50 per cent. clinically and by the Von Pirquet.

872. But even in the presence of such a number as this you would still say notify?—Yes.

873. Now what would be the advantage of notifying 50 per cent. or 80 per cent. of the children? There are 6,000,000 children; what would be the advantage of notifying 50 per cent. or 80 per cent. of them?—It is only by notifying that you can tell whether you are making any progress at all in combating the disease; you must have your statistics each year, and if you find that each successive year it is being reduced from 90 to 80, 70 to 60, you are making some headway. I also think it is very important to notify, because you will get more surgical tuberculosis in certain districts than others.

874. Just for a moment. Why do you think that is so?—Because it is an infectious disease, and it is got both from milk and from the human subject, and, therefore, if you have got a large amount of surgical tuberculosis in one area it is your duty to try and find out why. I think it is of the utmost importance.

875. And so you would notify the medical officer of health in each area of all forms and degrees, glandular included?—Yes.

876. You would notify on a Von Pirquet test?—No, I do not think so.

877. Why not?—Well, because I think what you want is clinical evidence of the disease. I think the Von Pirquet test is very important, but still I think what you want is more the clinical evidence.

878. Do you think, as a surgeon, that the Von Pirquet test is reliable?—I do.

879. In adults?—I cannot say so much about adults. In adults I do not think it is so reliable, because you may have an old lesion which has almost healed which will give you a reaction.

880. Children of all ages?—Yes.

881. Do you feel so strongly on that that you think it would be a good thing for such a form of diagnosis to be instituted as part of an official State inspection of children?—I think so; it is such a simple process. I think so. I think it would be an exceedingly good thing; you could vaccinate a whole school of children in one morning.

882. You seriously recommend that should be done?—Yes.

883. Do you see any disadvantages there?—No.

884. Does tuberculosis in children, even if local, tend to immunise the child against further infection?—I am inclined to think it does if that local lesion has been healed becomes healed; then I think it shows that the child has become more or less immune. It has produced its own antipathies and become immune.

885. I suppose a large majority of the cases of tubercle, pulmonary and other, in adults are cases of tubercle occurring in people who in childhood had some degree of infection?—Well, that is a point, at

the present day, which is most important. I am not qualified; you must ask the physicians about that. I would only be giving you a pious opinion, but the opinion seems to be tending in that direction.

886. How long do you think such immunity would last? Have you formed any opinion about that?—In children it very often lasts a lifetime.

887. Your experience really supports—?—I think we might say Dr. Philip will correct me if I am wrong, but I think the children who have gone through bovine tuberculosis and become cured of bovine tuberculosis are less susceptible to phthisis, but that is only my impression.

888. And children who have had glandular tuberculosis will be immunised to a certain extent?—Well, I dare not say; I do not know. I am inclined to think so.

889. That means the children who have got bovine tuberculosis will be immunised against human infection to a certain extent?—I am inclined to think so. I do think so.

890. Now, turning to the research for the moment, do you think that the research laboratories in Edinburgh, Glasgow, and Aberdeen are all that is necessary for carrying out the systematic research into tuberculosis?—Provided they have got sufficient accommodation for animals and for animal experimentation.

890A. Do you say they have got sufficient accommodation?—It would probably have to be increased a little for this work.

891. Do you think it would be necessary to have in connection with such laboratories an experimental farm in every case?—I do not think it would. I think it could be done without that. If you have only three or four centres I think the work could all be done in these institutions without the farms. The farms will be an advantage, I admit, but whether they would be absolutely necessary or not I do not know.

892. Why would they be an advantage?—Well, you can keep your animals much more easily.

893. What animals?—Guinea-pigs and rabbits.

894. Would you require a farm?—I thought you meant some outdoor place where these could be kept; I used the word "farm" in an experimental sense.

895. You do not think it would be necessary to inoculate bovines and pigs?—I do not think so.

896. Also that the research you have in mind could be done in City laboratories?—Yes, I think so.

897. One further point on that; do you consider you have got sufficiently reliable and experienced research men in Edinburgh at the present time for this work?—Yes, absolutely.

898. So that really, if I may put it like this, all the machinery exists in your view in Scotland for carrying out such tuberculosis inquiries as are necessary?—I am perfectly certain of it.

899. And all that is necessary is that there should be a subsidy from this fund to these existing laboratories and workers?—Yes; to pay the worker a salary and subsidise the laboratory.

900. And you would prefer that to having a tuberculosis institute for experimental work, one Central Institute, say, in Edinburgh for experimental work?—I really could not answer that straight away. I should answer it in this way; I think you are better to have to do the work at three separate institutions because there you can compare the results better. There are men working with slight differences in technique, which I think is an advantage. There is nothing like having rival institutions; they are a stimulus to each other; they are each going to put their best foot foremost.

901. And you will have the pathological, chemical, bacteriological work done at these laboratories, carried out in connection with hospital wards in association with tuberculosis work?—No, simply that the material comes from that hospital. For instance, in our Children's Hospital we have not got a Pathological Department where we can keep our animals, but all we do is, I hand the material over that I get in an operation to a man who is doing the work. It is sent directly over to him. The laboratory need not be in the hospital. For instance, take Glasgow. It happens to be in the hospital because the Pathological Department of Glasgow University is situated in the

Western Infirmary grounds, but that is by accident; that is all the better.

902. It is a good thing?—All the better, but still a good deal of the material would not come from the Western Infirmary; it would come from the Glasgow Children's Hospital, but it would go to that laboratory. It does not matter a bit whether the laboratory is in connection with a hospital or not.

903. And the research work to be paid for out of the State Insurance Fund, you think should be controlled by the Local Government Board of Scotland?—I am inclined to think that.

904. I am not at all differing from that. Do you say that, remembering that there exists in Scotland an Insurance Commission, and do you advise it to say, "I should prefer to see this research work done under the existing Local Government Board of Scotland rather than under this Insurance Commission"?—Yes, I think I would.

905. Dr. Addison asks why?—Well, because the Local Government Board is an old established institution, and it is dealing with these problems, whereas the other insurance thing has not the experience.

906. (*Dr. McVail.*) But the other body has the money and the Board has not; that makes a little difference does it not?—Well?

907. People who have the money usually distribute it?—I do not see why, if they have the money if they know it is being well spent.

908. (*Sir George Newman.*) Mr. Stiles, I will help my Scotch colleagues more than that; they have not only got an Insurance Commission, as I understand it from Dr. McVail's question, with some control of the money, direct or indirect, but they have got the patients, have they not?—How do you mean; you have got the patients in these hospitals that they are going to?

909. The bulk of the tuberculous persons in Scotland are going to be insured?—And they are going to be put in these.

910. They will come under the governmental control of the Insurance Commission?—I am thinking, of course, of my own material. My own material has nothing to do with the Insurance Commission, nothing whatever.

911. It is hardly fair to ask these questions; I was only wondering whether you had some opinion?—I have not any special view about that; that is a matter for administration; I am not qualified.

912. (*Dr. McVail.*) What you mean is really?—That it should be some central authority, that is what I mean.

913. (*Dr. Addison, M.P.*) Some central authority that is competent to deal with it?—Yes.

914. (*Dr. McVail.*) You do not suggest that, because another authority would be able to distribute the fund properly, therefore it should be given to another authority, any more than you would give your own income to distribute to another surgeon because you think he is an honest man and would distribute it properly?—Quite true.

915. (*Sir George Newman.*) On the question of the control of the milk supply, I am very sorry not to be quite clear about one answer you gave; no doubt it is my fault. You said you would recommend that research should be done to find out the percentage of milk tuberculosis?—Yes.

916. Now I put it to you, perhaps rather clumsily, that that is mainly an administrative or inspectorial piece of work?—Yes.

917. It is not mainly with the view of determining or requiring any fresh knowledge with regard to the occurrence of tuberculous infection in milk; it is only, if I am following you rightly, to be able to say there is in Dumbartonshire such a percentage of tuberculosis milk on the market, there is in Stirlingshire such a percentage, there is in Midlothian such a percentage, is that what you mean?—No, I mean more than that. I mean this; I understand that your money is to be devoted to the prevention of disease, some of it, not only its cure. In my opinion the only way that you would prevent the disease is by knowing which milk is tuberculous, and it is only by knowing whether the milk is tuberculous that you can then put the veterinary inspector on the track of these cows and

say which of them are to be slaughtered. It is a great help to the veterinary inspector to know that the particular herd is distributing tuberculous milk. Then it is his duty as veterinary inspector to find out the cow which is supplying this tuberculous milk and exterminate it. If there is no tubercle in the milk then he need not bother about that particular herd. It is a great help to him, therefore I think there should be a scientific man who is intermediate between veterinary inspector and the man who is doing the research that we have just been talking about, and he should have a scientific bacteriologist appointed for that particular purpose by the Government, by a government official.

918. And be a Government official?—And paid a good salary for the purpose, and have a wide district.

919. And go all over the country?—Certainly.

920. You place that under the central government, and not under the local authority?—Certainly, not the local authorities; it must be a federal question.

921. Who would pay this officer?—The Government.

922. Out of the taxes?—Yes, by all means.

923. Not out of the local rate?—No, out of the taxes.

924. What relation would he have to the medical officer of health?—That is a point I want to come to; I want him to be independent to the medical officer of health, because I maintain the medical officer of health and the councils are not doing this; they cannot do it.

925. You are referring to Scotland?—I am referring to anywhere. I do not think your medical officers of health throughout the country are in a position to carry out a thorough investigation of the milk; they have not the time, and I question if some of them have the knowledge.

926. Well I leave you to the tender mercies of some of them?—It is a casual business, and it wants to be done systematically.

927. The control and the prevention of disease has been placed by statute in the hands of the local authority?—And what have they done; tell me.

928. It does not lie with me; Dr. Niven will elucidate that?—What have they done?

929. Broadly speaking, the prevention of disease has been placed by statute in the hands of the local authority?—Yes; I will tell you what the local authority in Edinburgh have done. Dr. Leslie Mackenzie knows what they have done. In Edinburgh you see what veterinary inspection we have got; we have got practically none, one man for these 2,800 cows. We tried to bring the question up before the town council, the Medical Officer of Health I do not know; we did not seem to get a bit further on. You get a town councillor holding up a tumbler full of milk and saying, if it looks clean and white, he is quite satisfied. The public health authorities are not doing much, they are doing little or nothing to stamp out bovine tuberculosis.

930. Why do they not do more?—I suppose it is that they have not got the money, or they will not vote the money to it. What is the good of one veterinary inspector for any one district.

931. Supposing they had the money, which way would you prefer it?—I would prefer it done by the Local Government Board; it should be a federal, a Government question. This particular point, the stamping out of bovine tuberculosis; I am only referring to that. I am not referring to the other departments of public health, but they are not doing anything to stamp out bovine tuberculosis, at least little or nothing.

932. There was just this point; you said that you would recommend the slaughter of all cows showing clinical evidence of tuberculosis?—No.

933. All cows showing clinical evidence of tuberculosis, plus all those cows showing tuberculous udder disease, plus all those cows that were too tuberculous to react to tuberculin, and you excluded those cows which were not reactors, and those cows which, though they reacted, did not show signs of having tuberculosis?—That is right

934. Now what percentage of the cows do you think in Scotland come within those three groups?—A very considerable proportion.

935. Would you give us a figure?—No.

936. Can you not help us at all?—No, I could not give you a figure, I have not inquired into that sufficiently; I would rather not.

937. You do see that your proposition is enormously expensive?—I know it is.

938. The only way that we can wipe this out is by slaughter?—Certainly; I am perfectly certain you must begin by slaughter.

939. Are you familiar with Monsieur Bond's system?—No; partly with the details of it.

940. Even for such a purpose as that you would prefer slaughter?—Yes.

941. Even though it cost an immense sum of money?—I would; it is the quickest way in the end; unless you slaughter these, they are infecting the others all the time.

942. Do you think the milk supply of Scotland sufficient for the demand?—Oh, I think so, yes, the milk supply of Scotland.

943. Do you think there is sufficient milk supply for the demand; do you think enough milk is raised in Scotland for consumption?—Well, of course, it depends on what you consider the amount of milk a child should take; I am one of those who considers that milk should be reserved more for infants and very young children. I do not see the use in other people drinking milk when they can get other decent food. It is a cheap food, I admit, but personally I would never think of bringing up my children on milk after infancy.

944. If you are to slaughter a very large number of milch cows throughout Scotland?—But you are far better to slaughter the cows, that is the very thing you want to do, because it is only by slaughtering the cows that you are to get rid of the tuberculous milk.

945. It is no use taking the milk and pasteurising it?—I do not think so.

946. You would not try a system of State pasteurisation?—If you are not prepared to slaughter, that is the only thing you can do, but I think the other is the quicker way.

947. There was one question I want to go back to; the children who have got glands; is it practicable to deal with them in open-air schools rather than in tuberculosis hospitals?—Well, a good many of the gland cases, of course, I should think could quite well be treated in the open-air schools. As I said before, I do not think it is necessary to send many of these cervical gland cases to these City hospitals, because those that are in the early stage of the disease can be watched by the school inspector; can be in open-air schools; if the disease is advancing send it to the hospital and get it cut out, and you have cured it. I think it is a most extravagant performance sending children with tubercular glands to institutions like these, that you propose these country institutions, because it will take months and months to cure them, and you can cure them in a fortnight.

948. How do you cure them in a fortnight?—By cutting them out.

949. And no subsequent after-cure treatment?—Not at all; they are the most satisfactory of all surgical cases.

950. Would you take all these gland cases of children, operate directly, and rely upon that as radical treatment?—Certainly I do.

951. Without any further institutional care whatsoever?—Certainly.

952. You would not recommend they should go to open-air schools for three months after the operation?—Oh, that is very beneficial.

953. That is very beneficial, but not necessary?—It is not necessary. It is not the mere scraping, that is the mistake; children are sent to hospital with an abscess which is a mass of tubercular gland; the abscess is scraped, and the disease left in the gland. That is no use. It must be radical treatment, and there is nothing more satisfactory in the whole of surgical diseases of children. It is a local disease, and by a skilful operation it can all be removed.

954. What percentage of recurrence?—Practically none; almost negligible.

955. In children, bone and joint tubercle which is due to the bovine bacillus amounts to 60 per cent. Do you agree with that?—Yes.

956. That is Dr. Fraser's figure?—Yes.

957. And the following sentence, "The occurrence of bone and joint tubercle which is due to the human bacillus amounts to 37 per cent.?"—Yes.

958. So that you think that the main line of treating these tuberculous children is to get rid of bovine infection?—That is my opinion.

959. And for what reason do you think that pasteurisation will not assist us?—I dare say it will, but there has been some work done on it.

960. Have you made any experiments yourself?—No. I think experiments should be done on those lines to see.

961. (*Mr. Stafford.*) With regard to the slaughter of milch cows, have you any idea what the percentage of tuberculosis in milch cows would be?—I know it is a very large percentage.

962. But you cannot give any figure?—No. You can get those figures.

963. You propose, then, that you should slaughter all these cows. Would you give compensation in those cases?—Well, I suppose you must give a certain amount of compensation. What is the usual method? I believe in the States it is that the owner pays one-third, the county council, as it were—what corresponds to it—one-third, and the Local Government Board one-third; it is divided up in some way. It is done in a great many of the United States of America and Canada. In America they are appalled at what we are doing here.

964. What is the average price of cows in Scotland?—I do not know; about 18*l.* or 20*l.*

965. You can see it would run into a very big sum, no matter where the money came from?—I should think so, but I think the taxation should be instituted accordingly. I think it is high time it was done.

966. But do you really think it is a practical question?—I do; it is only a question of pounds, shillings, and pence. I think if it is necessary the country can find the money. They have got the money, and there is no way in which they can spend it better.

967. To leave that point. How many institutions do you think you would require for surgical treatment in Scotland?—Well, the same question has been asked me before. We had better put it all round, how many beds, and then you can have them all in one institution. You would need 1,000 beds, I think.

968. How many? About 1,000 beds altogether; 250 in Edinburgh?—I gave you 100 for Edinburgh.

969. (*Sir George Newman.*) You gave me Edinburgh over and above those existing; you said 100 new beds?—For Edinburgh.

970. And now you say for Scotland, 1,000?—I should think so. I do not know what the population of Scotland, as compared with Edinburgh, is.

(*Dr. McVail.*) It is about 11 or 12 times.

971. (*Mr. Stafford.*) How many of these beds do you think of the 1,000 have you got any existence already?—You mean that have already got surgical tuberculosis in?

972. Yes?—I should think not more than about—of course, in the general hospitals there are children probably about 300 or 400; 400 probably.

973. What do you think the whole 1,000 beds would cost?—Well, of course, that depends upon the equipment of the hospital; whether you are going to do the operating in the hospital, and all that sort of thing. I could not very well say.

974. You could not give us a general figure for construction. Say you have got to provide 1,000 beds for children. What would be the cost of providing that 1,000 beds, purely from the point of view of construction. Would you require 150*l.* a bed?—Well, we consider it costs about 500*l.* to endow a children's bed in the hospital. That is about what it costs.

975. That is not quite what I mean. What would it cost for construction alone per bed?—Well, I really could not tell you that because it depends. You would not have a brick building. I really could

not give you an estimate. I would not like to do it. I could not.

976. Will you not give us any idea what the cost of maintenance per bed is?—No, I really could not. I mean that is more a matter for the hospital administrator; I really have not enough experience.

977. I thought in connection with this matter you might have some practical information to give us?—No, I am sorry.

978. Now about this question of Research. You are quite satisfied that you require research in regard to this matter?—Oh, yes, I am quite satisfied because it is the only way that you can tell to what extent bovine tuberculosis is responsible for this, and if you find that 60 per cent. of these bone and joint cases are bovine, surely you must exterminate bovine tuberculosis, and the gland cases nearly 100 per cent.

979. You spoke in connection with research, dividing it into two parts. The question of hospital research, and then investigation of milk; you separated those?—I separate those.

980. Would you tell me what you mean by the hospital research?—By the hospital research I mean the investigation of the material, the tuberculous material used in the hospital which is removed at the operation, or which can be got from the patient. That material is investigated to see which is bovine and which is human; and then, if a certain amount is bovine, to try to trace and to help the other man; to help the man who is investigating the material and to help the veterinary inspector.

981. Will you tell us what you mean by the milk investigation?—I mean a systematic bacteriological examination of all the milk.

982. That has to be carried out, in your opinion, by Government inspectors all over Scotland?—By a Government bacteriologist—an expert bacteriologist.

983. How many bacteriologists do you suppose it would take for Scotland working upon those lines?—It would take a great many.

984. Would they be stationary?—Each bacteriologist would have to be responsible for a certain district of Scotland.

985. For a county?—Oh, more than a county; it would have to be more than a county; that would depend on whether it is a dairy county; take a county just like Dumfriesshire or Ayrshire, which is chiefly dairy.

986. Who is to send him his material?—Oh, I think he is to get his material himself. It is no good having it sent; he must come down on the dairymen at a moment's notice, and he must have access to all the milk.

987. Your idea is that the bacteriologist should be a walking gentleman, who would go round the country with his whole bag of tricks, and conduct his investigations on the spot?—No; he brings his material away with him on the spot.

988. But is not that an enormous loss of time?—He can surely get an assistant to do that, that is why I said the man who is to do the hospital work is not to do the milk work; he could not possibly.

989. There is a veterinary surgeon in addition to that?—Yes, a veterinary inspector.

990. He is not to be a bacteriologist?—Well, I do not think you can get that.

991. You mention these three things which are largely local matters in connection with the investigation of tuberculosis?—Yes.

992. Is there not a higher form of investigation which you would like to deal with as well, into the cases of tubercle generally; these are purely local things you are dealing with?—But that is exactly what I am doing; I am getting at the cause of tubercle: I am getting at the cause of surgical tuberculosis in children.

993. Is there not a higher form of investigation such as that conducted by the Royal Commission, which has just finished its sittings?—I think mine is the practical investigation which is going to lead to practical results.

994. Is there no higher form that you suggest should be done?—No, I am not sufficient an expert.

995. Are you not aware of the work done by the English Local Government Board in connection with the investigation of infectious diseases?—Yes.

996. Do you not think a certain amount of investigation on the same lines might be very valuable in connection with tuberculosis?—Yes, I think so.

997. Who would you suggest should do that?—Oh, that is a matter for a central authority—a more central authority than I have referred to.

998. Would you be willing to confide that work in Scotland to the English Local Government Board to continue their investigations upon these lines?—Oh, I think certainly I do not see why if they are getting exhausted you want new blood, why that should not be continued, because it did very valuable work: it enabled us to distinguish bovine from human tuberculosis.

999. You quite see that class of work requires to be carried on?—Certainly.

1000. That is in addition to the work of a practical nature you suggest on the spot?—Certainly.

1001. You would be quite willing to see that work carried on by Department of the Local Government Board, who have done extremely good work in connection with the investigation of disease?—Certainly.

1002. (*Dr. Maguire.*) With reference to the gland question, I would like to ask you have you found any cases of tuberculous tonsils and adenoids in those cases of cervical glands?—An enormous proportion of tuberculous tonsils and adenoids in those cases of cervical.

1003. Can you say what percentage?—It is a high percentage, nearly 50 per cent., much higher than has been considered, very much higher. And one other point of great importance we recently have found. Take a family where one child has got tubercular glands of bovine origin, if you examine the other members of the family you will find sometimes that they have enlarged tonsils and tuberculous adenoids without any tubercular glands. That is evidence in support that they have all been infected from the same source. The one has acquired the secondary disease in the gland and the others have not, and the others probably will in time.

1007. In this case you probably remove the tonsils?—Remove the tonsils.

1005. Is there anything in connection with that question which would require research in your opinion? It is the usual passage for the entrance of the tubercle bacilli in the case of cervical glands?—That could be quite well taken up by the man who is doing the hospital work in connection with bones and joints. Just now I have two separate men to do it, the one doing the bones and joints and the other doing the glands. It should be done by the same man; it is the same technique.

1006. Have you any remarks to make on the case of abdominal tuberculosis in children as to what is really the cause, milk or solid in that case, or it does not really reach by means of the tonsil?—I am inclined to think it is the milk they swallow.

1007. (*Dr. Niven.*) Your general conclusion as regards the treatment of cases is that you think the best plan would be to operate in the town and then to take the children into a convalescent home in the country with suitable officers and a suitable staff?—Yes.

1008. You think that would lead to quicker results, and that this hospital in the country need not be a very expensive one?—That certainly applies to the gland cases unquestionably. In regard to the joint cases I admit that the joint cases would do better after the operation if they were operated on in the country, but then I say you must have an expert surgeon in charge of your hospital, or you must make up your minds, are you going to do what operative work is to be done in the country or in the town; if so, you want a different staff in the hospital.

1009. Having regard to the susceptibility of clinical matter being in association with the laboratories and to the whole circumstances of the case, you think the best plan, taking all things into account, would be to operate in the town and take the cases?—I do think so, because it is only a proportion of them.

1010. I should just like to ask you a question or two about the cervical glands. Apparently you have no doubt whatever, having regard to the experiments

of the Royal Commission and also to your own experiments on rabbits that you can distinguish definitely between the bovine and human tuberculosis origin?—That is now the consensus of opinion amongst the expert bacteriologists in this country.

1011. Yes, quite; still of course there is the school, is there not, which doubts whether the bacilli may not be susceptible of modification?—Yes.

1012. But you interpreted the results which have been obtained in these terms?—Yes, I do.

1013. If therefore you find that practically or almost the whole of the bacilli found in pulmonary tuberculosis in later life are of human origin, that means that if those cases have had tuberculosis in earlier life that tuberculosis had disappeared practically and that they have been re-infected?—Yes.

1014. That is of course the conclusion that you are driven to in accepting, that is the difference between bovine and human tuberculosis?—Yes.

1015. That of course is of great importance?—There is one point in differentiating between human and bovine tuberculosis that we find in children is this, a very important addition to the evidence, that if we inject the knee joint, say of a rabbit, with bovine tuberculosis from the human subject, some material from the human subject, if it is bovine, that knee joint will become disorganised in a few weeks. If it is human it will become chronic and heal up so that is a very rapid way of distinguishing the two. It is an additional evidence we have acquired as a result of this investigation, a very important one because we can take the material direct.

1016. There is this difficulty—it may not be any difficulty to you—that has presented itself to me; you find when you cut out these cervical glands, that your cases get well practically invariably?—Yes.

1017. And yet if the infection is attacked, the cervical glands, milk infection, the probabilities are that it has also infected the abdominal glands?—No, I do not think so. I think in a great many cases the disease is arrested at the cervical glands; in a great many cases it does not reach the abdominal glands because the bacilli are destroyed in the stomach.

1018. True, I follow that, but still a great many must have passed down into the abdomen and infected the abdominal glands; do those get well?—A great many of those get well.

1019. I have no doubt it is so. Of course the same thing happens to the bones; the bones you consider to be subsequent to this affection of the cervical glands?—Well, with the bones you get more—

1020. When the cervical glands are taken out there may have been incipient invasion of the bones but that ceases?—Certainly.

1021. That cessation of the stream from the primary source; that also must cease?—Yes.

1022. I just call your attention to that as being a remarkable circumstance which I do not in the least doubt, but there must clearly have been some degree of invasion of other parts of the body and that ceases with the removal of the primary source, the cervical glands?—Yes; you have a great many gland cases without bone lesions at all, without [them having had bone lesions, it does not follow.

(*Chairman.*) May I suggest this is merely a medical point. We ought to be confining our attention more to the need for research and the machinery; I did not like to interrupt you.

(*Dr. Leslie Mackenzie.*) Dr. Niven's point has a very important administrative bearing. His whole point is whether the cutting off of the supply really—

(*Chairman.*) If it is administrative—

(*Dr. Leslie Mackenzie.*) It has an administrative bearing.

1023. (*Dr. Niven.*) I leave others to draw the inference; there are some other inferences I was going to draw, principally that a great many of these cases must undergo spontaneous cure, the cervical gland cases?—A great many.

1024. That was the point I was coming to; well now another point of some practical importance is, supposing you are able to stop all this tuberculous milk and all this disease in childhood, from your point

of view you are going to stop a large wholesale process of immunisation?—Well, quite.

1025. You are therefore going in a roundabout way to increase tuberculosis?—Of course, that is merely a hypothesis.

1026. That must take care of itself?—That is merely a theory.

1027. You would notify all cases of surgical tuberculosis?—Yes, I would.

1028. Would you impose any limitation?—No, I think you would spoil it if you imposed any limitation because you would find it very difficult to draw the line as to what cases to notify and what not.

1029. The danger is, that you would get a vast number of notifications which were not tuberculosis at all?—There is a possibility, but I do not think so.

1030. Pre-tubercular?—Yes, I could give you examples of that; that is quite true.

1031. Would it be a good limitation that these cases should be confirmed by the Special Tuberculosis Officers appointed under the Scheme; do you think that would be a good thing?—I think that would be a good thing, but are not your school inspectors now sufficiently educated to distinguish these cases?

1032. It is not merely school; that would form the smallest part of it; the school is only the smallest part of the disease in childhood?—Yes.

1033. I would just like to ask a question or two about your milk proposals. You want to eradicate tuberculosis in milk. You know, of course, that that view of total eradication was strongly advocated some ten years ago by Professor Koch?—Yes, of Manchester. He has done the best work on those lines, of course.

1034. The same view is also, I believe, supported by Mr. Eastwood, is it not?—Yes.

1035. I think that is so, that total eradication is the best policy?—Yes.

1036. You have no doubt about it?—I have no doubt about it.

1037. You do not think anything else would be of any value?—No, I do not think so.

1038. But, you are aware, of course, of the enormous practical difficulties? Supposing that you had your will, supposing you could take any one farm and eradicated tuberculosis completely, cleared out every vestige?—I did not say those which reacted, which gave no clinical evidence, because these animals are quite fit for food, for human consumption. They are killed; they are destroyed and inspected.

1039. Do you think it would be much good in that way; these animals get rapidly worse and again infect the rest of the herd, and in a short time you have the whole thing over again?—I do not see why they should not be isolated as long as the milk is free, that is why I want the investigation of the milk.

1040. I wish you to realise the enormous difficulties involved in your proposals. I mean, I do not think really myself that they lead to much practical usefulness; it seems to me you cannot stop short of total eradication?—But, why not? Supposing this animal re-acts to tubercle, but its milk is free from tubercle; well, it is doing no harm, that is why I want the special bacteriologist to examine the milk.

1041. That is what we do in Manchester and have done for 10 years?—I know.

1042. Why do you want to take that out of the hands of municipalities and put it into the hands of other people?—All municipalities are not Manchester.

1043. Still, it is extending; like everything else in the country it extends gradually?—I wish I could get our municipality to.

1044. You want to see the whole thing done straight away?—Yes, I would.

1045. But, not exactly on those lines. You would want a larger staff and more money expended than is expended in Manchester?—Yes.

1046. You would want every herd throughout the country inspected by veterinary surgeons?—By veterinary surgeons.

1047. Who would take samples of the milk; you would not send your bacteriologist to do that, would you?—Well, I do not know; these two people must be co-ordinated in their work to a certain extent, yet I would like them to be a little independent too.

1048. Still, that would be your method of procedure; you would send them systematically to all the farms?—Yes.

1049. That would require a very large staff?—Well, I do not see what else you can do.

1050. That is your proposal?—Yes.

1051. Then, what you propose to do is to deal with tuberculosis in the udder really?—In the udder and open general tuberculosis. You see you cannot always detect tuberculosis of the udder in the early stage; you cannot detect it if your cow is giving tuberculous milk. I do not care whether it is a tuberculous udder or not.

1052. How would you determine open tuberculosis of the udder?—By the milk; if the cow was secreting tuberculous milk, then I say it has either got general tuberculosis, and the tubercle secreted by the udder, or it has got tuberculosis of the udder.

1053. We find that that is extremely rare that you can even suspect the presence of tuberculous bacilli in milk without also a tuberculous udder being present. Practically you do not get, as is shown by all those who have studied the subject carefully, tuberculosis in the tuberculous milk?—But the Tuberculosis Commission show distinctly that you do.

1054. Yes, in a theoretical manner, but, if I recollect rightly, they also added that it was not a practical difficulty, or words to that effect?—If you get your cow with general tuberculosis and tubercle in the intestine and general urinary tract, you will not prevent its infecting the herd; therefore, it should be cleared out.

1055. That is to say you would remove all cases of marked clinical tuberculosis, all open tuberculosis and also tuberculosis of the udder?—Yes, certainly.

1056. But, of course, all the time you would have tuberculosis present which would spread again through the herd?—Not if you were destroying these with open tuberculosis; surely the tubercle would not spread so fast.

1057. Not so fast?—But, you would get rid of it in time at any rate; you are getting rid of these beasts which are infecting the herds; they are slaughtered. Here what you are doing now is you are condemning the carcase which contains tubercle as unfit for human consumption, whereas in many cases, if cooked, it would not do any harm, and you are retaining tuberculous milk.

1058. Here you are carrying out an imperfect procedure which has been tried in Germany which will leave you in such a position that with the least negligence or carelessness, the whole state of things will rapidly recur; you are expending a colossal sum in doing it?—I do not see why the whole thing should recur. Dr. Philip is going to try and stamp out human tuberculosis.

1059. But it does recur, as a matter of fact?—I think because it has been half-hearted, you know.

1060. You are not in favour of the policy of entire and complete eradication in cattle?—No, I do not think so. I think simply an animal which reacts, it wants to be branded, so that you can keep an eye on it, brand those and destroy the others, and keep the herds separate; keep those which are tuberculous separate and then kill them as food for human consumption.

1061. Of course, that is an enormous scheme?—Oh, I know.

1062. And it would only be justified if it were effectual. You say from the amount of tuberculosis in childhood, you would infer bovine tuberculosis of an infectious character; you were of that opinion, were you not?—Yes.

1063. Supposing from your clinical material you determined, but supposing, for instance, you had a place educated to boil all your milk would not that make a difference in the inference you should draw?—Yes.

1064. Because a good deal of education of that kind, say statistical evidence of that kind, would be apt to be falsified by local customs?—I admit that.

1065. You must take into account circumstances of that kind?—Yes, that is quite true.

1066. (*Dr. Meredith Richards.*) If the bovine tuberculosis is due to milk, why is it more common among

the children of the poor?—Because they are less resistant to the infection.

1067. So then, there would be other subjects of research as well as bacteriological, would there not?—That is why I want notification. For instance, the children of the upper classes very often get tubercular glands in the legs. They do not get the bone and joint to the same extent because the infection is often localised or they do not get it treated early.

1068. Then, the subjects into which we should require research could not all be entrusted to a bacteriologist, could they?—I am not dealing with the whole question of research; I am only dealing with the department of research which I am most interested in, and that, I think, will give the best results.

1069. You recognise that there are other subjects of research which are of equal importance?—Oh, yes, I do. I do not want to pose as a director of research.

1070. Then, as regards the special clinical research that you had in mind, would that be of value in regard to the treatment and prognosis?—So far that they found no treatment whatever in the course of the disease or only prognosis between human and bovine tuberculosis.

1071. As regards the action of the local authority, in reference to tuberculous milk, you are aware that in a good many towns, like Manchester, they do investigate?—Oh, yes, I know a good many do.

1072. Is it not a fact that the activity of the local authorities is limited by the absence of power to inoculate cows and dealing with those that re-acted, is not that really as much the fault of the Government as of the local authority?—Well, why I want it to be done by a Government authority is this; then all these restrictions and precautions will be uniform. They are not uniform just now. For instance, in Edinburgh an inspector goes into a byre and sees a cow with a tuberculous udder, he has no power to have that cow destroyed. He can order it outside the borough in 24 hours. It is sold somewhere else and a week later it is found in Leith.

1073. That is a point for the central authority and not for the local authority?—I do not know; I am not on the Local Government Board.

1074. (*Dr. Leslie Mackenzie.*) They have no legal power?—They have no legal power. There should be; that is my point. That is the scandalous thing, I think; that is the monstrous thing.

1075. They should destroy the cow?—They should. If they find a cow, they allow it to be sent outside.

1076. (*Dr. Niven.*) If adequate powers were given to local authorities?—Would they carry them out, the local authorities in the same way?

1077. (*Dr. Latham.*) Only one question, a little different to what we have been discussing, but you take it from the point of view of successful treatment of surgical tuberculosis, perhaps the most important thing is the early diagnosis?—Yes.

1078. That the earlier the diagnosis is made the more useful it may be in preventing a cripple?—Yes.

1079. Therefore, from that point of view, the introduction of the general practitioner into the campaign against tuberculosis is of the greatest possible importance?—Yes.

1080. Supposing we take all these early cases and we regard their interests, and we pass them in the country as you suggest, we are obviously going to remove opportunities for teaching hospitals for the coming generation to be sufficiently cognisant of their work?—Yes.

1081. We are going to get into a vicious circle in that way, so that the early cases would come up possibly with the diagnosis at a much later stage than even at the present time?—Yes.

1082. Now, so far as the Interim Report of this Committee is concerned, we suggested that all these people should be passed through a sieve known as a dispensary?—Yes.

1083. Do you think that the students of the next generation are likely to go and learn their tuberculosis work, diagnosis and so on, at these dispensaries with the same freedom?—They will not go unless they are compelled to go.

1084. You would say that ought to be compulsory for students of the next generation to attend these dispensaries?—Yes.

1085. Otherwise we shall get into difficulties with regard to diagnosis?—Yes.

1086. (*Dr. Berdswell.*) Have you tried tuberculin with your cervical cases?—Very little, no.

1087. Why; have you any reason?—I have been a little sceptical as to its value.

1088. But, you have an open mind; you think more work should be done on that point?—Yes, I do.

1089. And on questions of immunity generally?—Yes.

1090. (*Dr. Philip.*) You speak about the cows. You speak of research in relation to the presence of bacilli in the milk. You said nothing about the environment of the cow?—I do not think the environment of the cow has made very much difference.

1091. You do not think a study of the environment might lessen the number of animals to be slaughtered?—Well, I do not think it has done very much in the past.

1092. Then, how do you determine family history in your investigation? Here you have got a common family history in Dr. Fraser's report; how was that determined?—That was determined by Dr. Fraser seeing the parents himself; examining the parents, I admit, does not make a very exhaustive investigation of the parents.

1093. Not an examination of the household?—Oh, yes, that is the point; the household.

1094. A systematic examination clinically of the household?—No, I cannot say that he has gone over every household in the district, but he has made very particular inquiries as to the health of the other children when they have been in Edinburgh; he has had an opportunity. In the country he could not. What we have tried particularly to find out in a young child riddled with tubercle was, were the other children healthy? If the other children were healthy, and the parents healthy, that is rather in favour of bovine tuberculosis.

1095. But there was no examination made of the children?—Not a systematic examination, only in certain cases.

1096. Just one other point. Dr. Fraser's observations would go entirely to upset the view that bone and glandular tuberculosis was of bovine origin alone; that has been attained, has it not?—Yes, entirely. By Dr. Nathan Raw more especially.

1097. (*Dr. Mearns Fraser.*) With reference to your bovine and tuberculosis glands, you put them down entirely to milk?—Yes.

1098. And you also found it much more common in poorer children than in the well-to-do children?—Yes.

1099. Do you not think that the well-to-do children have more milk than the poorer children as a rule; and you would expect to find, therefore, a certain percentage quite as large in the well-to-do children as in the poor children?—I do not think that the better class children have more milk in proportion to their general diet. I think a poor child has a less generous diet, but I think the proportion of milk in the diet is as great as in the children of the upper classes, at least, I think it is in Edinburgh.

1100. In that case you would expect to find an equal incidence of disease?—No. I say the resistance makes a tremendous difference. The upper classes are naturally living under better conditions, and the resistance to tuberculosis is better. I think a great many children take tuberculosis milk without getting tuberculosis.

1101. Can you account in any way for the fact that all the cases of cervical glands have bovine tuberculosis, and only a percentage of the bone cases?—No. That is a remarkable result which we have got, at which I was rather surprised. I was prepared for a large proportion of the cervical gland cases being bovine, because I think the joint cases are secondary to gland cases, but I was surprised to find such a very large proportion, as far as we have gone, to be bovine in the glands.

1102. If you found the bovine bacillus and you also found that the milk was infected, or came from

an infected source, that was sufficient evidence in your mind to fix the milk as the cause of the disease?—Yes, it was.

1103. It was not taken into consideration that those children might also have had tuberculous bowels?—No, those children who had tuberculous bowels nearly all had human.

1104. None of the cervical gland children had tuberculous bowels?—I have not got information about that.

1105. I was only wondering on the point whether the human bacillus may change its form?—Yes.

1106. You have got no evidence as to that?—No.

1107. One other point, the type of hospital, the Haswell Hospital you said was very expensive, they have the open-air wards and they have the closed-in wards there, have they not?—Yes.

1108. You think that is a very good type of hospital if built on a cheaper scale; a very good type?—Yes, a very good type. There is one point in regard to the hospital for children, it is better to have a large number of children in one ward than having a lot of small wards, because the one nurse can look after them all.

1109. Yes, that is a point, and at Haswell they lie over a year in the same bed in the open-air and they look extremely well?—Yes, they do look extremely well.

1110. They have not got a house surgeon there; you would not consider that necessary?—I think they have a house surgeon; I would consider that a necessity.

1111. Mr. Jones goes over there and does his operations on the Fridays, then he goes away and there is no medical man there. There is a local man whom they call in?—Yes, but I do not think that is enough.

1112. (*Dr. McVail.*) You have been stating views as to the relative duties of local authorities and central authorities with regard to better inspection, administrative questions do not come into your ordinary day's work, I think?—Not at all.

1113. For example, you hold that the county medical officer is already very fully occupied and has no time for more work, and at the same time you suggest that all cases of surgical tuberculosis should be notified, and these amount to perhaps 50 per cent. of the whole population. What would be the effect on the work of the medical officer if he had to investigate half of the children of this country, from his point of view, if he is already full up and has no time to supervise veterinary inspection?—Is that going to take such an enormous time. In investigating, why should he not take an average, he can make a house to house visit, can he not, and it does not take him very long to inspect the children there are.

1114. Oh, dear me, to inspect half the children in the country. Do you not think that would take a long time as regards the housing and to make any useful inquiries as to the cause of their tuberculosis?—But after all, mind you, although I suggest that every case should be notified, I do not go so far as to say that every child should be inspected.

1115. Every notified case?—I do not say that; he must use his own discretion when the case is notified. The exact nature of the case will be notified.

1116. Now, from the point of view of the man in the street, how do you think he would receive the suggestion that every little bit of tuberculous gland on every child who re-acted should be inspected?—I think that is the only way to educate the public as to what tuberculosis means, and I think they would become all the more interested in it.

1117. So you would be willing to face the public opposition to the invasion of a man's house, and to the examination of his children and to any grumbling that might be involved in the suggestion that they were tuberculous?—Yes, for the good of the community.

1118. As a matter of principle, what do you think is the duty of a local public health authority with regard to the investigation of disease within its own bounds and of the causes of disease. You were going to take out of the hands of the local authority and put into the hands of the central authority the whole duty

of veterinary inspection?—Yes, I am referring only to tuberculosis, and I think this question should be done by a separate authority.

1119. By a central authority?—Yes.

1120. You think that all local authorities should have that taken from them?—I do.

1121. The only reason you advance for that, as far as I could gather, was the answer you gave to Dr. Meredith Richards that a cow was removed from Edinburgh and not killed and sent elsewhere. Would that be at all affected by placing it in the hands of the central authority; is not that a question of the law; is it not a question of giving the local authority power?—Yes.

1122. That would not at all be influenced by the change from local to central authority. Mark you, I am not saying that there is not a great deal in your contention, but it is from a different point of view. I was really wanting to elicit from you whether you thought that for this particular purpose a local area is too small on account of vested interests in that locality in the farming?—I think the vested interests does come out.

1123. You do not bring that out at all?—I meant that when I talked about district veterinary inspector.

1124. You have a city receiving the milk and the county distributing the milk, and if you had argued that the authority of the county distributing the milk is more interested financially in the distribution and less in the prevention of disease in the city, that would be legitimate, but otherwise it is not?—That is what I really meant.

1125. (Dr. Leslie Mackenzie.) I have just two or three points; I do not want to worry you as to the details on the matter of veterinary inspection. It would not matter to you what particular matter was taken, provided you could achieve the result? Suppose, for example, as was suggested in the various Bills passed through the House of Lords for Scotland years ago, that a whole-time veterinary surgeon should be appointed for each large county area, a combination of areas; that he should not be removed from office without the consent of the Local Government Board; that he should not be allowed private practice without the consent of the Local Government Board; that he should be given the inspection and direction of the central authority who paid; or rather that his work should be taken by the central authority, but he would be the officer of the local authority?—That meets my point exactly. I am not familiar with these details, but I want the whole-time independent man.

1126. That was actually proposed, but, owing to political pressure, it had to be dropped. On the matter of notification: I may say I am impressed with what you say about notification; what I am anxious about from the administrative standpoint is to get some limit that would exclude mere cases, merely diagnosis by tuberculin or conjecture. Would it be a practical proposition to suggest that all the cases that come to the hospitals like the Sick Children's Hospital or the dispensaries for treatment, or to the infirmary for treatment, or to the poor law institutions should be systematically notified. Would that be a good thing to do in the first instance as a step towards?—Well, I think it would, because I think the large proportion of the poorer class do find their way to the dispensary.

1127. And these are all cases *ex-hypothesi* clinically recognisable that come for treatment?—Yes.

1128. How many beds have you in the Sick Children's Hospital, medical and surgical?—About 110 to 120.

1129. What is the staff, visiting and resident?—Three physicians, three assistant physicians, one surgeon, one assistant surgeon, and three house physicians; each physician has a house physician and a house surgeon. There is the out-patient's department which has an assistant surgeon.

1130. Now that is for a hospital of 150 beds?—Yes.

1131. Do you suppose that if we had a large hospital in the country of 1,000 beds, you will get anything like a proportional staff?—No; the reason we have such a big staff, is they are all the worst cases we take in. Almost every case that goes into the surgical wards is operated on—and that means an enormous

amount of nursing; the nursing of children; we do not limit the age; we take them in at any age, from infancy upwards—and that means an enormous amount of nursing.

1132. And you have the enormous advantage of being part and parcel of a great medical school, or rather associated with a great medical school, so you have all the advantage of getting the interest of the Faculty in the young men who are coming forward to compete to get into that institution?—Yes, and they are all unpaid appointments.

1133. Do you think anything of that sort in any degree would operate towards starting a place of 1,000 beds in the country. If you had a hospital of 1,000 beds, as is suggested, detached from medical schools away in the country, do you think you would get anything like the same service?—I think you would have a little difficulty, you would have to pay them; I am certain; I am sure you would.

1134. On the matter of administration you are familiar, of course, with the Edinburgh Royal Infirmary. It has got 900 beds, and the enormous staff that it has, having the advantage of being part of the medical school?—Yes.

1135. Do you think that the administration of a huge place like that of 1,000 beds, as Sir George Newman suggested this morning, is more economical, that that would really be a small task, or an easy thing, or cheap?—No.

1136. The Edinburgh Infirmary cost about 1,000*l.* a week to run. Of course, the medical staff have not much to do with administration, therefore do not see it directed. Our experience in Scotland is that where ever you get a poor house or a poor house hospital, or an institution that goes beyond 300 or 400 beds, at once you begin to de-personalise it, so to speak, and to lose touch with the patients, and the administration goes bad. That is the invariable experience of big institutions; they become institutional and the evil sets in?—It is a matter I had not thought of particularly, but I must confess my feeling is you would be better with small institutions scattered about; I think they are easier organised.

1137. Would it be any advantage, taking a place like Glasgow, Aberdeen, Edinburgh, and Dundee, these are all medical schools, would it be any advantage to have smaller places, but in intimate relation and easy of access from those centres?—Yes, I think that would be an advantage.

1138. That is something in favour, one would suppose of smaller institution?—Yes.

1139. In the matter of research, of course, in what you have put before us, you have confined yourself to the specific problems put before you, but research, as you know, does not confine itself to that. You would contemplate that in any process of research itself, progressive research, each then bringing up its own problems and everything arising out of practice?—Yes.

1140. You said in the beginning that you would unquestionably have three laboratories rather than one. It becomes a practical question for Scotland, of course, whether this 4,000*l.* or 6,000*l.* can be best spent by making it part of the total sum for the whole of Great Britain, or by dealing with it on our own, or partly both. There is no exclusion in the two ideas. It might be an advantage for some things to be centralised, for other things to be localised. Do you think it would be a profitable way of using the money to subsidise or give grants either to laboratories or to individual men to undertake certain lines of research, say in the large laboratories in Scotland?—I do think so; I think that is the cheapest way and you would get the best value for your money.

1141. It would really be a profitable way of doing?—Yes.

1142. In the matter of the control of the money, the fund is in the control of the Insurance Commissioners of Scotland. As you said it does not matter who controls it, but the point is a central authority?—Yes.

1143. Are you familiar with any of the work done by the Carnegie Trust Research Scholars?—Yes.

1144. Do you think that is a good system?—An excellent system.

1145. And the plan of it is, the man submits the line of research he is to take, the laboratory he is to

work in, the director under whom he is to work; that is submitted to the trust. He gets his grant and makes his report at the end of one or two years; do you think that would be a profitable way of using some of this money?—I think so.

1146. And your experience of some of the Carnegie scholars—he may remain at home or go abroad—is rather in favour of that method?—You get the right man; if he is not a good man, at the end of the year you can discharge him.

1147. That is important if you are to train up a band of young researchers along those lines?—Yes.

1148. In the matter of the examination of milk, I want to put to you only one question. You are aware that in Glasgow the milk is provided from something like 22 different counties, some of them English counties?—Some of them English counties, yes.

1149. And you are aware also that the Municipality of Glasgow has a laboratory of its own?—Yes.

1150. And that it examines thousands of specimens of milk every year?—Yes.

1151. And also, of course, that it has closed cow-sheds and been the means of destroying a great many cows, and so on. In fact, it keeps up a pretty active fire on the whole West of Scotland?—Yes.

1152. That is not so complete as we would like to see it?—Yes, that is not so complete as we would like to see it; we have not anything like that in Edinburgh. A great deal of work is done by the College of Physicians' Laboratories for the local authorities?—Yes, I know.

1153. And also for the Local Government Board, too, you are aware?—Yes, I do not mind where it is done, but I want who is responsible for the doing of it.

1154. (*Dr. Newsholme.*) There are only two or three points on which I need ask you. I was very much interested in what you said about the notification of non-pulmonary tuberculosis. I understand that you would limit that to cases which are diagnosable by clinical means?—Yes.

1155. You would not include a series of cases diagnosed by the Von Pirquet method?—No, I do not think so. I do not think there would be any advantage in that. I think you can afford to wait until the disease declares itself clinically. A great many children have tuberculosis. You know nothing about it, and they grow out of it.

1156. Supposing you had to specify what cases you would have notified, how would you limit the means of diagnosis so as to exclude diagnosis by the Von Pirquet method or by subcutaneous tubercle reaction?—I would only use the Von Pirquet method in the case of glands in the neck, or tubercle, or glandular, if I was not quite sure.

1157. Suppose a doctor had access to 50 children, and for curiosity's sake, we will say, wished to examine all the 50 children so as to get a positive Von Pirquet reaction. Well, for administrative purposes by the public health authority, it would be somewhat awkward to get, say, 25 out of those 50 notified as suffering from tuberculosis?—If he cannot find any evidence of tuberculosis lesion I do not think he need notify.

1158. You would limit it to cases?—In which there was clinical evidence.

1159. The suggestion was made a while ago that the notification might be limited to cases in which the diagnosis was confirmed by the tuberculosis officer, the new officer who will probably be appointed. Do you think that would work without friction between the practitioner and the local authority?—I am afraid that would lead to a little difficulty.

1160. One other point I want to ask you is with regard to the origin of tuberculosis in children. You mentioned two main sources; you brought out the very important fact that the bigger proportion is bovine than is ordinarily thought to be, but there is the other source, the human source, and you mentioned the possible question of dealing with parents. Would you tell us exactly what you mean by dealing with parents. In those particular cases which produce surgical tuberculosis in their children, how would you deal with the parents?—I think if the father or the mother has got acute pulmonary tuberculosis and living in a badly-ventilated house, that parent is a source of danger to the children. That is what I mean.

1161. And in those cases, administrative action from that point of view would be to remove the danger?—What I mean is, the advanced cases, I presume, have sanatorium treatment, the early cases you are most anxious to get, but I think these advanced cases which are disseminating the disease, as they would do in a case like this, should be segregated from the children somehow or other.

1162. There is only one other point. You lay stress on the importance of frequent examination of lesions in tuberculous children, as to whether they had the bovine or the human bacillus about them, not only from the point of view of tracing the source of infection, which is very important, but also from the point of view of administration, and that is one of your chief reasons I gather why you would like this examination pursued on a very large scale?—Yes, certainly.

1163. You attach great administrative importance to it?—I attach great administrative importance to it, certainly I do.

1164. You suggest it might throw light on the relative resistance in different individuals?—Certainly, that is what I mean.

1165. If it were pursued on that basis?—On that broad basis; I think that will help you so much.

1166. (*Mr. Willis.*) I have only one question to ask. You said to Sir George Newman that although you favoured notification of disease when it can be clinically established, would you advocate that every school inspector when inspecting the children——?—Why that would be a good thing would be this, it would simplify his work, I think. I do not think that would add to his work very much because if a child reacted then he would pay a little more attention to that child. If the child did not react he need not examine the child any further.

1167. I wanted to know what would follow on the Von Pirquet test; it is that he would devote more attention to that child?—Yes.

1168. He would not notify on that test?—No, not unless he found clinical evidence in addition to the Von Pirquet test; then I think he would notify.

1169. Just one other question. Do you think the school inspector when he finds glands in the neck of a child would necessarily send that child to be operated on?—Oh, no; he must use his own discretion about that. Of course, there are a certain number of these cases where, if it is a well-ventilated school and so on, they would become cured. He should watch it carefully, and if, in spite of fairly good hygiene treatment and good food, and so on, it is progressing then he should not hesitate to send them.

1170. Only if it is progressing, if it is gradually getting smaller he would not vary it?—Certainly not, but unfortunately in the rural districts they allow these cases to go on till the whole neck is full of tubercle and the whole operation is a very severe one.

The witness withdrew.

DR. ALEX. G. R. FOULERTON (Director of the Bacteriological and Clinical Pathology Laboratories at the Middlesex Hospital, Lecturer on Public Health in the Middlesex Hospital Medical School of the University of London, County Medical Officer of Health for East Sussex), called in and examined.

1171. (*Chairman.*) This is an informal discussion; it will not appear in a Blue Book in the shape of question and answer; we just invite you to come and have an informal discussion, and if you want to revise your memorandum as the result of your coming here to-day we shall be very pleased. There are two points in your memorandum. First of all, you say our knowledge of the natural history of the parasite of tuberculosis, of its distribution in nature and of the means by which infection is conveyed to man, is seriously deficient. That is to say, that a good deal of research is needed?—A great deal, sir.

1172. The next thing is that the funds thus provided have not been administered in accordance with sound economy, that is to say, in such a manner as to get the best possible return?—Quite so.

1173. On that you suggest the appointment of a director of research?—Yes, sir.

1174. You prefer one man to a committee?—Yes, I do distinctly, sir, because if you get a committee of men who are interested in other kinds of work there is a certain want of personal interest, whereas if you can get a good man as director, if you have a committee you have a number of men with a number of bits of interest, whereas if you have a director, one responsible man doing nothing else, he takes a personal interest in the work and his reputation depends on the success of it, whereas a committee is an anomalous kind of thing.

1175. As a matter of fact, you quite recognise that that really comes back to the Insurance Commissioners who have the money, whoever the responsible Minister may be?—Yes.

1176. It was merely as to whether one man or two or three men or a dozen men should advise him as to how that money should be used?—Well, I should say that there should be an advisory committee who would report to the Commissioners or be responsible to the Commissioners, and they should have their director.

1177. It is not merely a one-man show, then, that you have in mind?—No. I want one scientific advisor to the Committee, and then he will report to the Committee. All applications for grants will go through him. He will report to the Committee on the advisability or the possibility of results from research, and they will decide then whether they will give a grant.

1178. I do not quite understand your memorandum. You contemplate under an advisory committee?—Yes.

1179. With a highly scientific man generally to direct them?—Yes.

1180. Or to advise them?—Yes.

1181. Now, why should not your Committee consist of two or three scientific men?—Well, I object to a committee, sir, for practical purposes.

1182. There is a great deal of research needed that is not merely research that can be carried out in the laboratory. You need, for instance, statistical research; can the one man be competent to deal with all the forms of research?—No, sir, I have only dealt with laboratory work. I think if you had an advisory committee you would probably want two directors. You would want a director of laboratory work and a part time man, a clinical man who would advise as to clinical research work.

1183. That is to say, practically you would have a committee of two?—No, sir, I think each director would be responsible for his own department, directly responsible for it.

1184. Your director would be paid?—Oh, of course.

1185. He would spend his whole time?—I think so.

1186. What salary, roughly, would it be necessary to give to get the right man?—I cannot say at all; I have not the least idea.

1187. No idea whatever?—No idea whatever. The kind of man that you want would be making probably

from 1,000*l.* to 1,500*l.* a year. They do not make very much in this country.

1188. Now, who would appoint that director?—I take it, sir, that the Insurance Commissioners would.

1189. And would it be for life, or would you consider that he might get stale or he might get antiquated?—It would have to be for life, because you are going to ask a man to give up all his work; you are going to ask a man who has a fixed income, and an increasing income, to give all that up.

1190. Might it not very easily happen that in ten years' time the Insurance Commissioners might begin to neglect these points?—Quite possibly.

1191. Things might change; he might not be looked upon as the best man?—Well, Sir, I take it that applies to any kind of appointment. You may appoint a man to any kind of appointment; he may be the best man to-day and not to-morrow. You have to take your chance of that.

1192. A committee, more or less changing, would be, presumably, up-to-date?—They cannot be more up-to-date. If you get a good man to-day he will be a good man 20 years hence of his life. Everything is progressive. What we believe to-day we do not believe in five years' time. I think your director would progress just as other people.

1193. Would you prefer that he should have the general disposal of the funds rather than that there should be a Government department, whatever the department may be?—There is no Government department which is competent to undertake work of this kind existing at the present time. There is no Government department which has an expert staff in bacteriological matters which could direct work of this kind; you would have to create a new department.

1194. Now you say, among other things, he is to report on the work done and by inspection?—Yes.

1195. Would there not be various workers, would the various laboratories and various researchers accept such inspection and report periodically on their work?—Yes, sir, because it is provided for in section 13 that the laboratories shall be paid and it would be a condition of the payment of the laboratory that they should allow the visit of the Inspector.

1196. Now, what do you mean by "inspection," a formal visit once a year?—It would depend very much, because in my scheme I contemplate work in large laboratories where there is excellent supervision already and where the inspector's work would be purely nominal.

1197. Purely nominal?—And then in other laboratories where there is no possible skilled supervision the inspector would have to help the work possibly; I contemplate that.

1198. Your idea is that he should be doing a considerable amount of work himself in a central laboratory?—Yes, himself. It would take some time to organise all this.

1199. In connection with the laboratory, would there be beds?—It would be an advantage if there could; a distinct advantage, I think.

1200. That it should be connected with a general hospital, or in what way do you suggest?—Well, sir, it is very difficult to say indeed. If you are to have a whole-time director it would be difficult to connect him with any existing hospital, because they have already got their own men and I do not know if a laboratory of this sort could be; a small laboratory could be established in London in connection with one or two of the largest hospitals where you have plenty of material; I do not know.

1201. For instance, would you connect it with one of the sanatoria which presumably will be erected in the near future?—Well, it must be in London; I am very strong on that point.

1202. Well, presumably there may be a sanatorium?—Well, I think an independent laboratory in connection with a sanatorium, and under arrangement with the director should have the management of a few beds. It would be merely matter for arrangement; I think that would be advisable.

1203. Now, what would be his relation to other laboratories. You call him a director of research. Do you mean to say that he should indicate the lines on which work should be carried on in other institutions?—No. I am strongly opposed to that. I believe

entirely that the committee should receive through the director applications from individuals. It is no good telling a man to go and do work. You have to let a man do the work he wants to do and he is likely to do good work. I do not want a director to go to a man and say, "Here is a grant, you have to do such and such work." I want the men from outside to say what work they want to do in tuberculosis. The director will be consulted and he will be able to advise unofficially applicants as to what work might be done.

1204. The committee would allocate the money on his advice?—The committee would allocate the money on his advice.

1205. Or rather they would recommend the Insurance Commissioners to allocate the money on his advice?—I would put it this way, two men might want to work on the same line of research; the director would advise the committee which was the better man to do that particular job, or he might advise, as it was a big thing, that it might be a good thing to have two men to work on it. That is the kind of advice I want the director to give.

1206. And I gather from your memorandum you are opposed to the system of scholarships?—Absolutely.

1207. And you think the money is not well spent?—It is a waste of money largely.

1208. You want payment by results?—To a certain extent. We are all of us very keen on doing work and very keen on getting help. I would give a good man a good grant and he would know that a continuance of the work would depend on his work.

1209. But you would only give it to a man who had proved himself?—No.

1210. You say the result shall not be collected in one volume; how would the information be disseminated?—In the ordinary medical journals.

1211. Yes, but this is State money presumably; the return of the information is for State purposes. Would it not have to be published by some Government Department, or by your advisory committee or your inspector of research?—Yes, sir, I think I have provided for that in clause 7, sub-clause C, at the top of page 3.

1212. That is to say, you would furnish the Insurance Commissioners with this information?—With the information.

1213. And let them bring it out periodically?—Yes, and of course furnish the Insurance Commissioners with copies of the journals containing the work done.

1214. Your grants, your subsidies, would be to individuals, approved individuals rather than to laboratories, to an institution?—Entirely to individuals.

1215. Do you consider that statistical research is needed or would it be worthless?—Oh, distinctly so. You must have the statistical work, because for instance, the result of tuberculin treatment can only be ascertained by statistical work.

1216. Well, how would that statistical work be done?—I think probably you would have to appoint one officer to deal with statistical work.

1217. Is there not a great deal of statistical work now being done by Government Departments connected with health, for instance the Local Government Board, or do you anticipate a different sort; have you in your mind a different sort?—Entirely different. There is no work of that kind being done by the Local Government Board. The Local Government Board simply deal with general figures. The Local Government Board, or rather the Registrar General, cannot tell us the mortality amongst patients who have been treated with tuberculin, and whether the mortality is greater among patients who have been in sanatoria and among those who have not. We have no information of that kind to go upon. That is special work, and to do that you want a special man quite apart from the laboratory work.

1218. Now, would you have that as part of your central buildings?—Yes, sir.

1219. You would have it closely connected?—Yes, a department.

1220. In your opinion are experiments needed on large animals?—Oh, distinctly, that is part of the work; only a part.

1221. Now, would you have that as part of your central institute, not naturally in the town. I mean would you have it under the same management and control?—Oh, distinctly. I would have an animal institution available for the use of anybody who is working under a grant from the commissioners.

1222. But closely linked up with your central?—Part of it.

1223. But apart from that, you wish to emphasise that in your opinion research should be decentralised?—Absolutely.

1224. (*Dr. Leslie Mackenzie.*) Do you suggest that this central laboratory should cover Scotland as well as England; are you thinking of the whole country?—I was thinking of England and Wales only.

1225. I put the question of Scotland by itself. Would you include Scotland in the scheme?—I think Scotland should have one for itself.

1226. You leave it to ourselves?—Oh, I think so, yes.

1227. What would be the effect of such a centralised institution on local laboratories like Leeds, Birmingham, Liverpool, and Manchester?—My scheme provides for the utilisation of those laboratories.

1228. Utilisation, however, subject to the supervision of the central district?—Roughly, what I have suggested is a scheme carried out under the Rockefeller Fund in the United States, though I do not know it except that they have a large central laboratory, which I am opposed to, but they have got plenty of money, and they have a large central laboratory, and they subsidise workers, not only in the States, but they subsidise workers in Germany, and in this country there are two men working under grants from them; but I do not approve of that big central laboratory because there is no competition. You want competition.

1229. So that you want to preserve, as far as possible, the autonomy of the big laboratory everywhere?—Absolutely.

1230. You spoke of giving grants to subsidise workers, and the Chairman asked you if you were against scholarships. What is the difference between a scholarship and a grant for this purpose?—A scholarship implies he is to give up his whole time to one subject.

1231. For the time?—For the time. I think that is a great mistake. I do not approve of working at one subject only; a man must not. The whole thing becomes too narrow. A man cannot work at tuberculosis without knowing about other diseases.

1232. In the matter of giving a grant, would you give a grant that would cover, assume the kind of young men you are contemplating here, that would enable him to give his whole time for a time, or any length of time, or is it always a part-time man that you are thinking of?—For instance, I think you might, perhaps, have two; a couple of whole-time men working in the central laboratory, a couple, or three, perhaps, but I would have the majority of the men men who are doing work in other departments of pathology.

1233. Am I to understand that your central institute is to direct the research; they are to submit programmes of research you are to give a grant for?—My idea is, when a man or a woman wants a grant they should send an application to the Advisory Committee. The Advisory Committee would then remit that application to their Director, who would report on that to them, and they would then settle whether on his advice or in spite of it, they would give a grant or not, and after that the Director would be responsible from time to time for finding what work was being done, and where necessary, whether the worker was in a place where he had not skilled help, the Director should be prepared to advise him, but he is not to advise him in a laboratory where there is a responsible Director already.

1234. You would not make the Director solely responsible for giving or withholding a grant of money; he would be an Advisor?—Oh, no, he would be an Advisor only. A great deal of the abuse comes in from the Committee dealing with applications in the first case. One knows what a Committee is. For instance, Dr. Jones is on the Committee, and he knows a man who wants to do a little research work;

well, he recommends him. Well, Dr. Smith is on the Committee, he backs it up because he may have somebody else. I think if all applications go through a competent man he can advise in the first place, and then the Committee having got his advice, if they do not follow it that is their own business.

1235. Who is this Committee appointed by; is it meant to be run independently by the Insurance Commissioners?—It must be appointed, I take it, by the Insurance Commissioners.

1236. Is there any reason why, say, the Insurance Commissioners in Scotland should not appoint a Director of Research on their own lines?—I do not see why they should not at all.

1237. Would it not serve the same purpose?—I think so.

1238. They are the givers of the money?—Yes.

1239. You say in section 8, "This laboratory would be used only for the purposes of checking when necessary the results of work carried out elsewhere." What exactly is in your mind in that? Do you mean that research would not be published without its being checked and verified by such Central laboratory?—No, sir. I would not mean that. I would advise that no work is published as carried out under subsidy unless it was approved, but, of course, I would allow work to be published anywhere.

1240. What do you mean exactly by "approved." Supposing a man took a line that was entirely different from the Director of Research, and that was really against even his Advisory Committee, and that might, as has happened, turn out quite correct, do you mean that should not see the light without the approval of the Central Director?—Not the least. What I mean to say is this; before a paper is published, it should be sent to the Advisory Committee, and if they thought fit they might say: "You may publish this but you must not publish it on our responsibility," that is all.

1241. How would that work out in the case of a man you were giving a grant to, for example?—It would make no difference.

1242. Would he publish it at his own expense?—I did not suggest that there was to be any grant for publication.

1243. No, but my point is this, when you are submitting local laboratories or foreign laboratories a man might do work abroad, for example, and say it is not to be at the official disposal of a Committee unless it is approved by a Director. Is there not a danger that you sterilise and tend to discourage independent research?—I do not think it makes any difference at all. The only difference is when the paper is published. If it is published with the approval of the Advisory Committee, there will be a certain line in italics saying this research work was subsidised by such and such a body. If they do not approve of it that line will be omitted. That is the only difference.

1244. About the question of approval I am a little sceptical—I mean sceptical in the sense of the public advantage of it—if it is to mean technical verification of a given research or it is to mean simply that it is acceptable to the Central Committee?—I do not mean anything of the kind. When I speak about checking work carried out elsewhere, I simply mean there is a notorious case at the present time, in the case of the leprosy bacillus. The leprosy bacillus was discovered by Major Ross, of the Indian Medical Service, about 1900. Well, his work was never checked, and it was discarded altogether by the Pasteur Institute in India. It has now turned out after another ten years to be absolutely correct, and we have been at a loss for a number of years because of that. Well, now in this laboratory a matter of that sort will have been thoroughly investigated by an absolutely independent person. That was my idea. I did not mean to interfere with anybody's work; not a bit.

1245. (*Dr. McVail*.) Your scheme, I take it, is a composite one as regards institutions?—Yes.

1246. There is a Central Institution, large or small, possibly small in relation to the other laboratories throughout the country?—Yes.

1247. But a Central Institution with opportunity for using large animals, and for doing experimental work that cannot always be done in laboratories

throughout the country connected with the medical schools?—No, sir. Perhaps I have not been clear about that. I look upon my Central Institute as a purely private laboratory for the Director. I want my animal station available for everybody who is carrying out research work under a grant.

1248. The animal station would be part of the Central Institution, at least related to it, not topographically beside it?—The Director would probably be responsible for it.

1249. Then you would look on the Central Institution as using up anything more than a fraction of the total money available for research?—Oh, the very smallest amount. I am absolutely opposed to any heavy expenditure on a special institute for tuberculosis absolutely.

1250. You do not want to spend much money on it?—No.

1251. You want the bulk of the money to be available for research carried out anywhere throughout the country, in any laboratory and under any circumstances?—Quite, that is right.

1252. Who would compose the Advisory Committee you are thinking of; I do not mean individual names, but the class of members?—Supposing I had a committee of five, I would like one physician, one surgeon, and three practical pathologists, and a secretary who might probably be a medical man.

1253. Would there be great advantage in having these as a separate committee by themselves, rather than in having them co-opted to a committee containing medical members who are not experts but who would be available to the Commissioners as being on their staff. I do not know whether you know, it is likely that the Commissions will have a staff more or less corresponding to the medical staff of the Local Government Board besides having medical members?—Yes.

1254. Then, in addition to co-option to the presence of these medical members put on this committee for their suitability for the work, there might possibly be one or two laymen and your four or five experts co-opted with these; would that be open to criticism as a committee, not an Advisory Committee but as a Controlling Committee, because they would not be advising anybody, the advice would be within their own body?—Yes.

1255. It would not be one body advising another, but a body containing several men capable of giving the best advice?—Well, from my point of view I do not mind what the Committee is so long as it consists of men who know the work.

1256. Consists of men who know the work?—Consists mainly of men who know the work. It is no good having a guiding or an advisory committee, who do not know a bacillus from a drumstick. They may be excellent medical men in other directions, but you cannot have a committee to advise as to research work who have simply been in a laboratory, to walk in and out again.

1257. The research work has administrative aspects; financial and so on; do you not think it possible that these experts whom you would put on an advisory committee by themselves would be of a good deal more use if they were part of a composite committee, if they had the benefit of their advice, but where other considerations would be capable of being brought in?—There would be no trouble in appointing them individually to the other committee.

1258. Or jointly appoint the lot?—I have a very strong feeling in the matter. I think in this country the rule has been the one qualification for supervising this kind of work is that you shall know nothing about it, and I think in any big scheme in the laboratory the man who knows the work ought to have the controlling influence.

1259. Then with regard to the Director, I suppose that tuberculosis is a subject on which there are different schools of thought or different schools of opinion?—About three.

1260. Would it be possible to have a Director so absolutely neutral that he would be entirely impartial to all schools of thought and opinion, that he would have no personal bias in favour of or against any

proposed line of research?—He would be quite useful if he had not ideas of his own.

1261. Can you conceive of a man imbued with science whose whole life has been one of science, not getting filled up with ideas of a particular cast, and those views influencing him in his advice to a committee as to the kind of research that should be carried on?—He would be very badly trained if he was.

1262. Do you not think you will get more impartiality if you had several men on a Committee of that sort with a mixture of views?—No, I do not think so, because in work of this kind my own attitude, for instance, if I form an idea my first impulse is to attack it, therefore, I think all pathological work ought to be carried out on those lines; you adopt your theory and then you put yourself in the position of the opponents. You adopt a theory for work and then you put yourself in the position of an opponent. You have to meet criticism sooner or later, so you start by criticising it yourself, and no man with a broad scientific training would hinder work because he did not believe in it. It is work you do not believe in that is most useful sometimes.

1263. And then four or five experts on a Committee you do not think they would be broad-minded enough and impartial enough to avoid giving employment to their own pupils, as you suggest would be the dangers of that course?—I do not think so.

1264. They would be absolutely fair scientifically, but not quite fair when it came to questions as between individuals?—Yes. It is not that. If you have got one man doing the work you have got one interest; if you have five men doing the work you have a fraction of interest in each.

1265. Then the Director will grow old in time and his ideas will get crystallised?—Yes.

1266. On the other hand, if you have an Advisory Committee, consisting of the best men of the time, there can be re-appointments, one man dying or resigning and another man getting on, would you not have a fresher view and a fresher outlook from a Committee of that kind than from a man who was possibly appointed at the age of 35 and remains till 65 and who has become a bit fossilised and yet remains the adviser and whose reputation is tied up with various views on tuberculosis that he naturally wishes to defend?—I do not think there is any danger in it, sir. With pathological work you cannot stand still; you have got to keep on moving and I do not think anybody does. When a man stands still it means he has given up pathological work and is making money at something else.

1267. I was glad to hear you say that the Committee would welcome applications from all over the country; you have some young investigator whose head is full of some new project, he is just bursting to get at it, some project that seems so far away or so unlikely that your expert adviser regards it as quite out of practicability and he rejects the man just as this man's investigations were rejected 10 years ago that you were telling us of. Is there not any danger of that sort?—What is the result? That man was not discouraged. He and Captain Williams have been working the whole ten years. There is a little individual hardship, but it has had no effect; it has only delayed the thing a little bit.

1268. Would you exclude from your Committee the representatives of the central authorities who have to do with public authorities from your Advisory Committee?—Yes, sir, I would; I would not take them as representatives of a Government department; I would take them on their own merits if they were qualified to be on the Committee; I would not take a man merely because he was on the staff of the War Office or the Admiralty.

1269. That would be no reason at all?—That would be no reason at all.

1270. Nor on the staff of the Insurance Commission?—No; I should simply take a man on his own merits.

1271. And who would select them?—I am not prepared to say; the Insurance Commissioners, I suppose.

1272. Would they be qualified to select men under these circumstances; the Insurance Commissioners, with these defects?—I am afraid anybody will have a defect; if you go to the College of Surgeons or the College of Physicians they will be biased just in the same way, and I think on the whole—although I am a medical man I say so—I would sooner leave the selection of them to outside bodies than to any one medical body, because I think any one medical body would be biased.

1273. And who are the outside bodies?—Oh, I do not know; the Insurance Commissioners.

1274. Who themselves are unqualified to be on the Committee?—Well, but they would be advised. The same difficulty applies to any medical appointment, it is not peculiar to this; it applies to any medical appointment.

1275. (*Dr. Mearns Fraser.*) As I understand it, your scheme embraces now the Insurance Commissioners to appoint an Advisory Committee, the Advisory Committee or the Insurance Commissioners to appoint a Director, this Director to have a sort of roving commission all over the country, visit the various laboratories, see they are doing good work, and direct good work?—And do work himself.

1276. That is the scheme?—That is the scheme.

1277. He will check the work done at his central laboratory?—I think I have created a wrong impression; I did not mean he was to criticise,

1278. To approve, we will say?—My idea is when I say checking work to check published discoveries made by any worker, whether working with a grant or not. I did not mean the Director was to be a sort of inquisitor.

1279.—The effect would be that, if somebody working in a laboratory sends up a report, result of research work, and this is not approved afterwards it would as matter of fact be considered that it was rejected, would it not?—Oh, no, I do not think so at all.

1280. With regard to this Advisory Committee, are you suggesting that it should be an honorary committee?—Oh, no; I think there would be a lot of paper work.

1281. Are you proposing to appoint this Advisory Committee indefinitely or for a period of years?—Oh, I really do not know; it depends on how much research work there is. If this research work is to extend beyond tuberculosis, I should imagine it would be an Advisory Committee well—like the Medical Advisory Committee to the War Office. I think they hold office for five years or something of that sort.

1282. Appointment for five years?—Something of that sort.

1283. They might be qualified for re-appointment?—Yes.

1284. (*Dr. Latham.*) What part does clinical research take in your scheme?—I have not dealt with that at all; it is very important.

1285. You allow it is important, knowing whether tuberculin can be used as diagnostic or what form of tuberculin is good for treatment?—I regard the clinical work as a continuation of the laboratory work.

1286. You would agree the clinical man and the laboratory man must work together?—Very closely.

1287. You would not give the laboratory man free run of all the beds?—Oh, no, not by any means.

1288. You would have a co-operation between the two?—Absolutely.

1289. And you think clinical is an important feature in your scheme?—Well, supposing a hospital, or a sanatorium, for tuberculosis with a hundred beds; I should say the research man might have 15 or 20 beds, and the rest distributed to one or two clinical men.

1290. (*Dr. Meredith Richards.*) I think you proposed that the objection to the various Government departments was that they had nobody attached to the staff with special pathological experience?—Yes.

1291. Will the whole or the greater part of the research required be of a pathological nature?—All their laboratory work will be, and the clinical work will be of another kind, and the statistical work of another kind. There are three kinds. I should lump those together under statistical, keep to the three divisions I make, statistical general results, clinical research, and laboratory work.

1292. How do you propose the subjects on which research should be undertaken should be ascertained?—Well, you see, under my scheme, supposing, for instance, if carried out, you would have the 15 or 20 directors of laboratories in London who are presumably good men; you would have these co-operating unconsciously with the Committee. For instance, in my own laboratory, if I had a good man who had got the time, I should say, "Well, now, here is a certain subject you might work at." He would then apply to the Advisory Committee.

1293. But will not those that are responsible for the administration of the Insurance Act be likely to have first-hand knowledge?—Not of laboratory problems.

1294. I thought you agreed just now that there were not only laboratory problems but clinical problems?—Laboratory problems are the first; they have to find the facts. When the laboratory man has found the facts it is no use the clinical man saying, "We want you to find out a certain thing."

1295. Surely the question whether it was a laboratory fact or a sociological fact?—They are not a fact.

1296. Social data not a fact?—Largely inference.

1297. Which may be of first-rate importance?—I quite agree with you, absolutely.

1298. Why should the people responsible for the administration of the Insurance Act be excluded from the research?—Because they do not know about research; that is the reason.

1299. All those who have first-hand knowledge of problems?—They have no knowledge.

1300. That is a matter of opinion, is it not?—No, it is not; the laboratory man, the man who works in the laboratory is a man who knows his own method.

1301. Two-thirds of the work may not be laboratory work at all?—Quite so, the laboratory man has nothing to do with it.

1302. You want various types of experience in the administration?—Undoubtedly.

1303. (*Dr Niven.*) In constituting your Advisory Committee which, I think, is a portion of your scheme not in the original memorandum?—Well, I call it a body responsible for expenditure; you can call it Advisory Committee.

1304. In constituting this Advisory Committee you would appoint physicians and surgeons and practical research men; you did not mention any representatives of the public health service. Do you not think that they are intimately concerned in these results?—Intimately concerned in these results, but I have simply confined myself to laboratory work alone, and because a man is an excellent medical officer of health it does not follow that he is a man to advise as to details of work in a laboratory.

1305. You consider that the position of a medical officer of health is purely administrative; that he is not to originate anything; he is not to point out any line of legislation?—Oh, dear no.

1306. Well, but he cannot do that without a very intimate knowledge of the subjects he is legislating upon, can he?—But he has not necessarily got it; I mean to say a medical officer of health; I am one myself.

1307. Not at all, but if he wished to do so?—Then he would come and work in the laboratory.

1308. As matter of fact a good deal of suggestions come from the public health service of this question; you do not know that?—I should disagree with you there from my point of view; since Koch made his discovery in 1881, I think it was, we have learned very little, very little indeed about tuberculosis, and that is my whole point, that we have learned very little more from my point of view about tuberculosis.

1309. We know that tuberculosis is caused by the milk of tuberculous cows chiefly, so far as bovines are concerned?—Some people do say so.

1310. Very well, the manner in which that occurs is a matter of intimate concern to the medical officer of health?—Of course it is.

1311. And the whole of the pathology connected with it?—And I want the pathologist to find out the facts and tell him.

1312. As matter of fact it has been carried into administrative measures by medical officers of health?—I agree.

1313. And carried out in certain localities at all events?—Yes, I agree, but I also agree it has been carried out somewhat prematurely. I think at the present time we have not got enough knowledge to carry out any big scheme of tuberculosis.

1314. Then you do not accept the results of the Royal Commission which laid down that a certain proportion of cases are due to infection by bovine from milk?—Oh, I have no doubt that a certain proportion of cases of that character, but if you go through the world you will find that people who have studied the matter from the laboratory point of view are divided into three camps, and I say there is no one school of the three predominates at the present time.

1315. You are aware it has shown a considerable proportion of cases is due to bovine infection?—I know there are a considerable number of others think it is not.

1316. You do not know Dr. Stiles' recent work in Edinburgh; at all events there has been for a long time a considerable amount of knowledge which has accumulated in regard to the infection of human beings by milk from affected bovines?—A large amount of knowledge that is largely contradictory.

1317. Sufficient to build administrative methods upon?—It is a very wide question you are opening up; I am not prepared to go into that.

1318A. (*Chairman.*) I should deprecate entering upon that; I think we should merely discuss machinery.

1318. (*Dr. Niven.*) The question is whether it is not a matter of intimate concern to medical officers of health that the right lines of research should be followed, and that he should have a voice in determining the lines of research?—How can he determine it unless he is a bacteriologist or a pathologist, I mean.

1319. What is to hinder him; surely he receives a special bacteriologist training?—No; a medical officer of health to get his D.P.H.; the amount of bacteriologist training he gets is gone after six months. I have examined for the Colleges, the Army Medical, and I should be very sorry to take a man's bacteriology on the strength of the D.P.H.

1320. But you would not deny that a good many of those men who have taken the D.P.H. have known bacteriology?—Undoubtedly, but they may have learned it after taking their degree.

1321. They may have learned it before or after; at any rate they require to have a general standard of knowledge; they are the men most likely to sit with advantage upon questions of that description?—I am afraid I do not agree with you; I do not wish to be misunderstood; I am not saying for a second that the medical officer of health is not an important man.

1322. It is not a question of his importance as, with me, it is a question of the importance of the questions which he is dealing with?—Well, sir, I say under my scheme I want pathologists or bacteriologists, whatever you like to call them.

1323. Have you had experience yourself as a medical officer of health?—I have been medical officer of health for 12 years in East Essex.

1324. Have you had notification of recent years?—Not the county medical officer.

1325. Have you had any connection with milk?—I may say I got up the case in connection with the last London County Council Act.

1326. Well, you have had none; you have carried out no administrative measures yourself in regard to milk; the model clauses have been in operation for some considerable time?—I am a county medical officer, sir; he has nothing to do with that; that is a matter for the county borough or district surveyor.

1327. I see. Perhaps you will tell us whether they have been adopted at all in your county?—Adopted right through and not carried out in one place.

1328. Adopted and not carried out?—Yes. I had to make inquiry two years ago. I have to deal with 28 districts, and I had to make inquiry whether they had adopted the regulations, and one large rural district told me they had not; there was no need for

them to do it because they had got such excellent cowsheds.

1329. You have no control or any measure of influence with local authorities in regard to this question?—Well, I think indirectly under any milk clauses since the last Act of the London County Council, under the last Act, it was the Act, I think, you gave evidence upon, the county medical officer is to be in a position with regard to milk inspection brought in from outside, and under that Act I have received notice of all visits.

1330. Of course, there has been rather a reluctance to carry these clauses into effect in London; they have been adopted rather late in the day no doubt. But I should like just to ask you a question now about what you propose. You propose to pay 250*l.* to that gentleman to carry out these important results?—A minimum.

1331. A minimum. You would regard it as rather little, of course?—No; you have to consider things. If a man is engaged in laboratory work a man is only going to give, say, half his time; I think 250*l.* is a useful sum to begin with, if you get men of very senior standing.

1332. I am only asking this question with the view to bring out this; it is possible that there may be contingent expenses, is there not?—Yes.

1333. He would have to collect a lot of material for one thing?—Yes, I have provided for that, sir, in section 9.

1334. Do you think that will be sufficient to induce the best men to take these places?—Well, we have got a good deal of experience, the Beit Scholarships are all about 250*l.*, and they get very good men for these.

1335. They would rather be junior men who would take up these investigations on sums like that?—Oh, no.

1336. You could not expect men of other standing to do it?—Well, you would have to give him a little more perhaps.

1337. You would expect him to be under the director of the local laboratory?—Certainly.

1338. You would expect the director to assist him?—Yes.

1339. But you would give your research money to the man, you would not give anything to the laboratory?—Yes, I said 1*l.* per month; perhaps I would make it 2*l.*

1340. That is to say, you would have no hesitation in asking from the Directors of these great laboratories the value of their important guiding services?—None whatever. I am a Director of a large laboratory myself. I am only too anxious to get men to come and help me.

1341. I wish to make it plain that in following this course you are giving grants to men to carry out these researches in which they would receive the valuable guidance and assistance of the Directors for nothing?—That is what he is there for; he is paid to assist research workers.

1342. So you take that into account in entirely rejecting the suggestion that grants should be made to the laboratories and not to the workers?—I think the principle of giving the grant to laboratories is absolutely wrong, because it tends to become pooling.

1343. Can it not be done on such conditions, on the conditions that the men employed were employed just as they would be otherwise, selected in the same manner?—Well, then I think it is much better. I believe in work by the individual, and I believe in the individual being paid, and if a man is going to do research work he ought to do it and choose it himself, subject to advice.

1344. I would just like to ask a question about the functions that the Director is to perform. You say you would give up the subjects of research; in these important laboratories throughout the kingdom; you would give out the subjects of research and you would not interfere with them any further until the research was completed; you would leave all these matters to the Director?—No, sir, I did not say that. I say the Director of Research shall visit the laboratory from time to time to ascertain whether the work has been

done; he will not inquire as to the results, but he will simply satisfy himself, as anybody could, that the man who is receiving the grant is carrying the work on; it is merely a business point.

1345. It seems to me it is rather an interference with these gentlemen?—No, I do not think so, sir; I am visited once or twice a year.

1346. I rather understood you to say that with regard to individual researchers you contemplated a more direct interference?—If they ask for it.

1347. Not otherwise?—Not otherwise.

1348. (*Mr. Stafford.*) I gather from you that, in answer to Dr. Leslie Mackenzie, you said that you did not think this scheme of yours applied to Scotland?—I assume this scheme would apply there.

1349. Do you assume the same thing about it being applied to Ireland?—Yes.

1350. On the same lines?—Yes, I would not subdivide.

1351. What is your objection to public departments? I see you have a deep-rooted objection to them?—No, sir, I have not; I do not think so. I merely have an objection to work being guided by men who do not understand it. If you have a public department with experts in this matter on it then I say have that department in.

1352. You afterwards said, I think, that you would entrust this work to the Insurance Commissioners?—I do not mind much who pays for it, sir.

1353. Have they got any special knowledge which would entitle them to deal with it?—No, but then there will be a subordinate body, which I call the body responsible for expenditure, who will consist of experts.

1354. And they would appoint them?—They would appoint. I suggest five—one physician, one surgeon, three laboratory experts; or, if you have ten, then in the same proportion.

1355. Have you any objection to the English Local Government Board taking up this work?—Yes, strongly; they are an administrative body, not a scientific body.

1356. Are you aware of the work they do now in connection with scientific investigation?—I am.

1357. Is not that work all very high class?—I am still of opinion that the Local Government Board should not direct it.

1358. But I want to know why?—Because they have got no means of judging of the value of work of this kind; that is the reason, sir.

1359. Do you not consider they are doing good work in other directions in connection with scientific investigation?—I would rather not express any opinion about that, sir; I have rather a strong feeling in the matter: that they have done excellent work I am the first to admit, but at the same time a great deal of work which has been published under the authority of the Local Government Board has done science in this country no good at all. That a great deal of the work, excellent work, has been done I would be the first to admit, and I may say I am so far unprejudiced that I had a grant myself; but I do know this, that the method in which that money has been administered during the last 20 years has had a most injurious effect on British pathology.

1360. If excellent work has been done in the past, as you have admitted, why should not this body, who has got very considerable experience, having regard to the fact that they have done excellent work, take it up rather than the Insurance Commissioners, who have got no experience whatever?—I do not agree; you say excellent work.

1361. These were your own words?—I say excellent work in parts, but not economically. Six times less work has been done that might have been done.

1362. May I press you for an illustration of it?—No, sir.

1363. You have made a very clever statement and a very strong statement. I think if you make a strong statement and a general statement against a great Public Department the Committee are entitled to know what your views are on the subject, and why you have formed that opinion?—I cannot give examples without quoting by name bad work which has been published.

1364. Will you not always have a certain amount of bad work done by every department?—Yes, but under the conditions under which it is done by a Government department without expert officers it is bound to be; it just happens to be like that, whether they have a good man or a bad man to do the work.

1365. Do you consider all the work done by the Local Government department is bad work?—I say the work has been excellent in parts and bad in parts; I keep to that.

1366. But is not the whole work done, whether German work or French work, or the work of the American departments, bad in parts? It is rather like the curate's egg I mean?—Yes; the curate's egg varies; there may be fewer or more bad parts.

1367. I do not want to press it further, but really when you make a strong statement of that sort and repeat it, I think you ought to give some fair exposition of why you make it?—I will put it this way. I will ask any bacteriologist to say what absolute increase of knowledge has resulted from official research work in this country bacteriologically. I can put my finger on certain facts, but you will not find if you go to American papers or German journals that work done at very heavy expense comparatively is current.

1368. Because you know they have been working with a very small sum of money?—And under imperfect supervision; imperfect because they could not make it perfect.

1369. Why do you say under imperfect supervision?—Because you are making me personal which I did not want to be. I have to point out that there is no officer of the Local Government Board who has, with possibly one exception, any laboratory knowledge whatever. They are excellent men at their own work, but they are not laboratory men, they are not pathologists.

1370. Well, the English Commissioners have nobody?—No, but I am asking them to appoint a body, an Advisory Committee.

1371. If the English Local Government appointed a Director with all this special knowledge would they not carry out the work just as well?—No, I want an Advisory Committee; I do not care what you call it; a body of experts with a Director as their responsible officer. That is what I want. I do not care who is above them or who below them. I want a responsible Advisory Committee with one responsible Director.

1372. Who is to pay this body?—I do not know at all; the Insurance Commissioners, I suppose; I am not concerned with that.

1373. (*Dr. Addison, M.P.*) I see that here, in paragraph 3, you deprecate any attempt at centralisation or specialisation in the work?—Yes,

1374. Would you just explain a little more what you mean by that?—I mean that I would not have much money; I would not have more than a little money spent on any new buildings for research work, for the reason, that you have got spread all over London and all over the country, or many places in the country, excellent laboratories under excellent supervision provided already, and, therefore, for that reason alone, I would have another Central Institute, that is to say, I would not have an institute on which you might have say a dozen men working, that has been the case at ———, and it has been a failure in this country.

1375. You go on to say that the problems connected with the causation and spread of tuberculosis are intimately connected with like problems in connection with other infective diseases, and you deprecate any attempt to institute a central institution for the study of tuberculosis alone. Would you object to a Central Institute which had to do with research in general, of which tuberculosis was only a part?—That would be quite another question, sir.

1376. What is your opinion on that?—But then, of course, there is no objection; if you are to deal with pathology generally, then that is quite another matter.

1377. I would rather like to know your view. Your view is, I take it, that you object to a central institution specially devoted to one subject?—Exactly.

1378. Rather than to a central institution. If you had a Central Institute in general, you would not have

the same objection?—No; at the same time I wish to point out the conditions in London are peculiar. Even so, I would sooner have the work sent out to different centres. If you have a central laboratory in London you will have the services of one Director of Pathology; if you spread out the work over all the laboratories in London, you will have 12 or 15 equally good men.

1379. I am only on the point of a Central Institution; what it could do. Then you go on to say, "It is advisable, therefore, that these workers to whom grants in aid of research work are made should not be required to devote their whole time to the study of tuberculosis. Rather should preference be given to those who are already engaged in regular pathological and bacteriological work, provided, of course, that there is good reason to believe that other allied occupation is such as to allow of sufficient time being given to the special work. The closest care should be given to the selection of subsidised workers." You said you thought that 250*l.* a year would be sufficient for a part-time man. What do you mean by a "part-time" man? What has he to do at other parts of his time?—Well, I was contemplating, for instance, if I may talk about my own conditions; at my own hospital I have got constantly working two paid assistants in the hospital, and a private assistant of my own, well all of those give up, I suppose, roughly speaking, half their time to the hospital, and the rest of the time they are doing research work.

1380. And these men go to a consultant surgery?—No.

1381. What are they doing? Are they to be researchers or pathologists?—My senior assistant has done 10 years' laboratory work with me, and the junior men—I generally change them about every three years—get 100*l.* a year. My private assistant is a lady, who is giving up her time entirely to pathology.

1382. Would you subsidise the men who are going to be consultant physicians and surgeons or men who are to be pathologists in connection with research?—I would give the money, first of all, to the men who are going to take up pathologist work. I would give afterwards, if there was any left, to those who were doing pathology as a pastime.

1383. I am not altogether clear as to this point—a Director of Research. Would you answer me this question? Could you yourself—I do not ask you—do you think you could name yourself any one individual researcher who would be sufficiently wide-minded to deal fairly with all questions?—Oh, I think there would be no trouble at all. I mean from that point of view.

1384. You think so; I am using the word "researcher" in a wide sense?—Yes, quite. I do think it is not altogether appreciated how wide laboratory work has become nowadays—the proper experimental work. You must, at any rate, think you have got a fairly wide knowledge, and I do not think there is any man I know in London who would check work which he did not agree with.

1385. I think you would quite agree that it is very important that research should cover a wide field; that it should not be directed into special channels?—Absolutely.

1386. You would admit that one individual might, quite unintentionally, naturally be in favour of a particular channel. It is only human nature, is it not?—I do not think so at all, because he is quite independent. I have to settle these questions in my own small way every day. A man comes to me in my laboratory and says, "I want to do research work for the purpose of extracting sunshine from cucumbers." I say, "Drop it; try something else." I would never dream of checking a man who had a sound scheme which did not suit my views. I am sure nobody would.

1387. Now, then, you have a paragraph on the top of page 3 in which you say, "to ascertain from time to time what progress is being made in research work in respect of which grants have been made, and to report thereon." I take it your criterion of progress is just the general stamp of the man; it is not the

number of papers he publishes, is it?—No. I contemplate one man will only publish one paper at a time, devote himself to one line of research at a time, and I imagine the Director would do very much what the Professor of Anatomy does at the present time. He comes round to my laboratory under the Vivisection Act, and says, "How many animals have you here; what have you been inoculating for?" He does not interfere with me or anyone else.

1388. Supposing he ascertained sufficient progress was not being made, he would recommend that the grant be discontinued?—Quite so.

1389. It occurs to me, inspection of that kind——?—Supposing a man has been working for six months, he can tell you in ten minutes what he has done.

1390. I am sure you recognise the necessity of appointing any encouragement as mere pot-boiling?—Entirely. My objection to previous arrangements is that it encouraged pot-boiling, and I want this done on what I call business lines rightly or wrongly.

1391. You say this laboratory should be used for the purpose of checking when necessary?—Yes.

1392. I do not want to ask you what you mean exactly by checking, but I suppose you recognise the necessity that there should be no risk of piracy in this matter, which I believe is not unknown in scientific circles; that the men who are working should all get full credit for what they are doing?—I mean entirely checking published work, work which was public property; I am afraid I have expressed it badly. I used it in the technical sense we use in the laboratory, this discovery I check in the laboratory.

1393. You do no checking before it is published?—Oh, dear, no.

1394. Do you think it would be preferable to subsidise suitable men to give the whole of their time to it rather than subsidise men who give a part of their time?—No, I entirely disagree with that.

1395. Why?—Because it makes men's views narrow unless you get a very senior man who has been through all that work.

1396. I do not mean giving all his time to tuberculosis but to research?—That is only another way of appointing the officers. The Director is a whole-time man, for instance; if you like you can appoint a second man to work in his laboratory, and so on. But what I object to is the principle of giving a man a fixed sum of money and not binding him down to do a certain amount of work.

1397. I suppose you recognise laboratories in the provincial towns, provincial universities as well?—As widely as possible.

1398. Supposing you have 30 or 40 laboratories recognised in this country?—Outside London?

1399. In the whole country?—I do not think you would get 40 laboratories outside London.

1400. I do not say outside London. I would include London. Suppose you have 30 in England and Wales?—You will probably get 40 or 50 in England and Wales.

1401. Do you suggest your Director should go out inspecting?—No. For instance, in a London laboratory, where you have got a trained head, the inspector would only look in once a year possibly. I am afraid I have made that inspecting work appear too important; I merely meant the inspector was to be able to satisfy the people who pay that the money has been spent properly; that is all. I did not mean any interference of any sort.

1402. You say, "It is not advisable that the research should be collected and published in an official volume?"—Yes.

1403. What is your reason for that?—First of all, very often it is not read; and secondly, it is not subject to criticism.

1404. Do you think it is advisable that there should be some machinery for collecting, at all events, a digest of published work by approved workers?—I might say the system in America is that all research work is published, whether the worker likes it or not, and reprints are got and bound together and sent all over the country.

1405. I am not speaking merely of reprints; a sort of digest of the work being done not only in this country but everywhere, put at the disposal of the various

workers?—I am a little bit doubtful about that, sir, because I think we all of us have the power ourselves more or less. If a man wants to get things he will get it for himself. You have got the support of the French, Belgian, and so on; it is all done already; an Englishman started last week.

1406. I want to get a little more as to your view. You would say you should have experts on this Committee, three experts out of five physicians and surgeons. In reply to Dr. Meredith Richards, you seemed to dispute the validity of what you called sociological facts, but I think this particular committee would be specially concerned with that kind of thing. Is that your idea; they would be concerned more with laboratory work?—I have provided for an Investigation Committee for laboratory work.

1407. That is all?—Of course they must be influenced by side issues. I would say all the research in tuberculosis implies that you know the statistical evidence and you know the sociological side; it implies that you must know it, unless you have general views you cannot start on research.

1408. It is necessary to have some machinery for collecting the data in respect of the clinical interest in cases, the surroundings and all the facts?—I have got that on page 2, clinical research work, it would be included under (a) and (b) on page 2.

1409. Would the Committee have any supervision over that matter?—I do not really know; they might or they might not. If they did, it would have to be a larger committee, and the sooner you get a large and mixed committee you are getting further away from your special work.

1410. Do you not think it is very desirable to divorce this purely laboratory work from purely clinical considerations?—Oh, no, not the least; but I do not want to have the laboratory interest subordinated to the interest or any other. The laboratory man is the man to find the facts and hand them on.

1411. I am not disputing that, but do you not want to bring his facts; may not clinical facts be useful to the laboratory man as well as laboratory facts be useful to the clinical man?—Of course they are.

1412. What is your objection to having these clinical facts also supervised by this Committee?—Because, if you do that you will have to have a very mixed Committee and a very extensive one, and I do not like committees, you have got your one physician and your one surgeon, and as far as pathology pure and simple is concerned that is all decided already. You want your men who are working the authority's laboratories. They are not helpless, they have got means of getting access to clinical facts. I have no objection at all to any number of committees to deal with special subjects, but I am dealing now with the pathological work.

1413. I am looking at your third paragraph. There are certain facts which will be most readily ascertained after inquiries made through the Public Health Office as to housing, ventilation, number of people living in a house relating to individual cases that you may be investigating in your laboratory, and so forth; would it not be desirable that that kind of information should be co-ordinated?—Of course it would.

1414. Well, what is your objection?—Because I object, sir, on the principle to a medical officer of health as such interfering with work with which he knows nothing whatever.

1415. My point is that he would not be interfering; you would want his side organisation to do some of the work?—I can get his views without having him interfere with my work.

1416. He would not interfere with your work any more than you would interfere with his?—No, I do not want to interfere with the clinical side of the work. I have to know it for my own guidance, but I do not want to go to the clinical man and say, "Now here is some tuberculin, you have to take this and use this particular kind"; I want to hand it to him and say, "You try this," and let him report on it; but I do not want him to come and interfere with my laboratory workers.

1417. My point is that I understood from you that you feel you could lay your hands on a sufficient number of workers who would be wide minded enough.

do you not think you could also lay your hands on one or two doctors in the public health service who could also use your Committee in the same way?—I still think it is pathological work and ought to be carried on by the pathologist. I am dealing with section (c). If you are going to have a much larger scheme, then I would suggest that you have a large mixed committee with sub-committees formed on my plan to deal with parasites.

1418. I will only ask you one more question. You said that you had inquired on behalf of your county council as to whether the county council had adopted the various regulations and you found they had adopted them, but had not carried them out?—Yes.

1419. Is it your view that legislation directed to securing clean milk should be in the hands of the county authorities or the central authorities, or some other than the present ones? Do you think the present authorities would carry it out?—No, I do not; I think the county authorities would.

1420. You think the county councils would?—My own county council is most anxious to deal with the matter.

1421. Do you think they would do it disinterestedly?—The county authorities outside London and inside are so divided that you do not get any uniform action.

1422. You would take these powers from the existing authorities, whatever powers they may be, and vest them in the county councils?—Absolutely; in the rural districts you have got the farm district.

1423. (*Mr. Willis.*) Do you regard yourself as a specialist?—No, I do not think so; you see I take bacteriological work and public health work too.

1424. You devote yourself entirely to bacteriological work?—Primarily.

1425. And if in any investigation you felt it necessary to have some chemical investigation made, you would not feel yourself competent to say that these should be made, because you are not a chemist?—No, sir; nowadays in an ordinary pathological laboratory you have to do chemistry as well up to a certain point. As a teacher of bacteriology in London University I also have to give a course of chemical pathology.

1426. You have enough knowledge of chemistry to direct investigations being made?—I think I would have enough knowledge myself to direct any investigations in connection with pathological work. I would not dream of saying anything about pure chemistry.

1427. I rather meant this, supposing in connection with an investigation which you are undertaking some chemical analysis were required, in your opinion which you have no experience of yourself, that is to say, you have never done your chemical analyses, it would require some person very skilled, would you consider you would have to go and discuss with that person before you could decide whether these chemical analyses were desirable or not desirable?—I should decide whether they were desirable, and see him as to whether they were practicable and if he could do them. I should decide whether they were desirable or not.

1428. I put this question to you, because you have attacked very violently the scientific work being done under the Local Government Board, and you said a very great deal of it is bad, and that it had injured pathological research in this country?—I think it has. It is very difficult to speak about as you understand.

1429. You said that?—I said that, yes.

1430. Now do you know how that work was decided on?—No, sir, I do not at all.

1431. You do not?—No.

1432. Perhaps I might tell you in a general sort of way how it is decided on, because you have attacked the system and said it is exceedingly bad. Sir William Power was the preceding medical officer; when he found it desirable on public health grounds that investigation in a particular direction should be made, he would find who were among the expert people who could do that kind of investigation and he would send for them, and he would discuss with them what was desirable to be done; he would hear their views and then find out whether they would undertake the work. If they would, the work would be placed in their hands. I understand you say that is a very bad arrangement, and you would have no representative of the Local

Government Board. You do not think it necessary that the man directing public work should know something of the direction in which public work is needed; but you go to the bacteriologist, the man who works in the laboratory, rather than to a man who has got general knowledge and has general scientific applications?—I do not think it is. I do not quite accept that interpretation. If you interpret what I said in that way, it is not what I meant.

1433. That is how it struck me?—What I meant was that the man who is to direct the work must know the work.

1434. Your scheme rather contemplates selecting some person whom you call a Director of Research and giving him almost absolute power in his hands. You have an Advisory Committee at his back who would take his advice, presumably?—No, I have said, provided that three-fifths of these should be experts themselves; or a Committee of five—one physician, one surgeon, and three pathologists.

1435. The Director of Research you contemplate should be the moving spirit in the matter?—He must be. It is not a new principle, sir.

1436. No. And I think you told Dr. Addison that you feel there would be no difficulty in getting some one individual competent to fill that position?—I imagine if it were made worth while you could. It would be an important position and it might be difficult to get a suitable man.

1437. Your point is if any bacteriological work has to be done it must be directed by a bacteriologist?—Of course.

1438. And the person who has to decide whether that work should be done or not must be a bacteriologist?—Well, you must have a bacteriologist to decide whether any line of research is practicable in the first place. Continual, for instance, at my hospital the staff come to me and say, "Now, here is something very interesting; can you investigate it?" And then I very often have to say, "I am very pleased to, but I am afraid I cannot; it is not practicable." And that is why I think that anybody, even the Local Government Board, must be able to know whether work can be done and how it ought to be done.

1439. You rather assume, I gather, that they are not able to know whether it can or cannot be done?—I assume no man can judge about research work unless he has been through it himself in a laboratory; I do not see how a man can.

1440. But I told you he would consult with a specialist as to technical work, and so on. It rather seems to me a general cannot direct a battle, he cannot perhaps crush the cordons down, or fire a particular gun, or do some particular detail in connection with the general operations, therefore he cannot direct them; is that it?—I am saying you would not put a sailor in command of an army in the field.

1441. No; but the medical department of the Local Government Board cannot be said to be sailors in this matter?—Their work is administrative work as far as I understand administrative, and advisory in public health matters, as far as the public health department is concerned.

1442. Every member of the medical department has to pass through his training?—But that training does not necessarily imply more than four months' work in a laboratory.

1443. I quite admit it does not necessarily imply that the man can himself carry out a particular operation in a laboratory needing very special and very technical skill; I quite admit that; everybody admits that; but do you think it necessary that a person who directs a line of research should be able himself to do every little bit of it?—I do not agree with you. I could go into bacteriology; I could take up every bit of work in the laboratory.

1444. Possibly you would not be quite so good in deciding on what lines a research would be desirable?—Quite so; I might have heaps of defects.

1445. Although you attacked the work which has been done by the English Local Government Board, I gather that you are not able to name three or four bits of work that you regard as really poor and waste of money?—I do not think it is fair to say I attacked

work. What I said and still say, is, that much of the work has been excellent.

1446. You did attack the work?—I had no intention to. My intention was to express the feeling that the control of work in that way has not been as economical—I think I used that word—in the past as it might be; that you do not get the best results.

1447. No, the economy at this moment; you attacked it on its merits?—With me that means economy; so much money has been spent and more work might have been got out of that money.

1448. You said it had damaged pathology during the last 20 years?—I think a great deal of the Local Government Board work has damaged pathology in last 20 years. It is not fair to say I am attacking the cost, as I say I have a grant myself. It has done harm in this way, that it has kept the work in the hands of few men up till recent years; a very few indeed.

1449. Is not that partly due to the fact that there is only about 2,000*l.* a year to distribute?—That is not attacking the system.

1450. If you only had a small amount of money each year it must be given to a limited number of people under any scheme?—Well, on the system of grants of 250*l.* a year, or thereabouts, a far larger number of workers could have been subsidised.

1451. You are contemplating bringing in a lot of young men who have not already made reputations, as I understand?—No, sir, I am afraid not.

1452. Or the exact opposite?—If you will refer to paragraph No. 4 on page 2, paragraphs 4 and 5.

1453. I still do not see the particular part of this page where you say you are to give a grant to people who have already specialised?—If you refer to the fourth sentence in paragraph 5, "In making a grant care should be taken that assistance is given only to junior research workers."

1454. Assistance is given only to junior research workers?—Yes; you have not read it. "To junior research workers who have gone through the adequate preliminary training and have shown aptitude for work of the kind and to those older workers whose aptitude for the work has been proved."

1455. Taking the work of the Local Government Board, do you know the work that has been done by Délépans; you do not know it?—I do not remember any work that he has done quite recently.

1456. Dr. Houston; do you know his work?—Oh, quite.

1457. Do you consider that very inferior?—Mr. Chairman, may I appeal to you, sir? I do not think it fair that I should be asked to criticise personally other workers. I am willing to assist the Committee in every way I can, but I do not think it is fair I should be asked to criticise fellow-workers of my own.

1458. It is this way, Mr. Chairman, this is not being published, this is all private; this gentleman comes here and says that the system of the Local Government Board during the last 20 years with the distribution of 2,000*l.* a year has been a bad system, has produced bad work, it has damaged pathology in England during the last 20 years seriously, and when he is asked to refer in detail to any three or four particular bits of work which justify that statement he is unable to do so?—Not unable to do so; I refuse to.

1459. I can only assume you could not refer?—No, I am not unable. It is not fair to the Committee to ask me to criticise work of other workers.

1460. It is not fair either on your part to come here and make those charges without your being able to substantiate them. Now there is one other thing, leaving that. You said you objected to results of work being published in an official volume, because that would not be criticised, or could not be criticised?—Yes.

1461. Why do you say that?—I am only speaking from general experience. I am not referring to any special things. I will take, for instance, the work I am connected with, the Cancer Research laboratory at Middlesex. I was the first Director of that, and I used to publish, and they still publish in the last ten years a volume annually, and I think that is a bad way of publication. I much prefer to see work come out in the ordinary periodical read by everybody. That is my only reason.

1462. But you said it could not be criticised, in answer to Dr. Addison, if it were published officially?—May I say it would hinder criticism.

1463. You are not able to justify such a lot of things you have said, but as a matter of fact most of the scientific work that has been done by the Local Government Board is criticised?—Might I refer to what I did say exactly; would you refer to Section 11, "has a tendency to hinder criticism."

1464. I was really referring to what you said to Dr. Addison. You said there was no criticism of work that appeared in an official volume. I think you said, in reply to Dr. Niven, that there were three camps in regard to tuberculosis; three camps of bacteriologists?—I would put medical men generally.

1465. Bacteriologists are generally medical men, too, are they not?—I think, in this country almost invariably.

1466. Now, what I was going to say is this; which camp would you advise this Committee to select the Director of Research from?—If you will refer to my covering letter, I say we have not enough information to settle the point at present. For any big work we want a few more facts than we have got at present. I do not think at the present moment we have got sufficient facts to enable any large measure to be carried out successfully. That is my opinion, and I think that before further work is done on a large scale we want more facts, and that is why I want to see research work.

1467. Then you would defer the appointment of this Director of Research for a number of years until you can decide which camp he is appointed from?—No; I want you to appoint him to see which camp he does belong to.

1468. You still cannot answer my question; which camp would you choose him from?—I should not allow that question to enter into the question; I should select the man who was a good pathologist and a good bacteriologist.

1469. Select a man who was not in any camp, who took the right view of every question?—I never suggested anything of the kind; if I may say so, I suggested a man with a good general knowledge of his work.

(Chairman.) Thank you, Mr. Foulerton, I am sorry to have kept you this morning.

The witness withdrew.

Sir ALMROTH EDWARD WRIGHT, M.D., B.CH., Sc.D.,
B.A., F.R.S., called in and examined.

1470. (*Chairman.*) You were kind enough to say you would send us in later on a memorandum, and meanwhile you have sent us a broad outline of the memorandum you propose to submit to this Committee. Taking that memorandum, I notice that you begin by saying that the existing preventive and medical measures are, comparatively speaking, ineffective. The important points in connection with the campaign against tuberculosis are, first, to improve these methods by scientific research; and, secondly, to train a body of workers who should not only be able to undertake research, but who would also be capable of bringing into application the scientific methods of diagnosis and treatment. That is to say, that you consider it most important that there should be research?—Yes, I do.

1471. At the present moment we are merely dealing with research. As regards England, roughly, there is a sum coming available up to a little under 40,000*l.*; I think it is about 58,000*l.* for the United Kingdom. Should this, in your opinion, be used to subsidise existing laboratories, or would it be more useful, and you would get better results, in your opinion, if it were chiefly used for one central institution?—I think you would get much better value if you endowed a large central institution. Am I to dilate upon that, and say why?

1472. Yes, if you will?—Well, to begin with, the curse of research has been that everybody has got a private interest in it. When a man has a secret he puts his two hands upon it. In some German laboratories there is a series of cubicles, and you are not to go into one. In many German laboratories you must ask a man what he is doing, because it is like asking an indelicate question, and it appears as if you want to get hold of his secrets. That obtains in many laboratories between man and man working in the laboratory. But in good laboratories—I mean really effective laboratories that have to some extent broken down that system—they work together like a band of brothers. The great work that was done by Koch was done by him in conjunction with many of his pupils. Koch made many of these discoveries; he planted them off on many of his pupils. It was his idea. When Koch was a director at Berlin a great many things came out in the names of various people who worked with him. Pasteur generally took the credit himself, and the men voluntarily gave it up to him, but it was the work of a great many men working together. It seems to me that is the best thing. To begin with, ideas are very scarce; ideas that can be fruitfully employed. They are so scarce that in all the cancer establishments where they research cancer they give worlds for an idea. There is not an idea for 10 institutions. People lounge about and do not know what to do, and feel miserable; and everybody beginning research has been through a period of his life when he had great ambitions, but did not know what next to do, having no ideas to work out. Most young men waste a formidable part of their life in that sort of way. That happens also to adults, and there are many laboratories where there is not an idea. Well, the only way to do, then, is to fuse together as many men as you can, so that one idea shall last for a great number of people; and, further, when you have got an idea, very few people can work it out completely. This is because it has to be worked out quickly. For instance, a pulmonary patient is there: you want to find out what his bactericidal power is, I may say, at each stage of his fever, to follow up the blood examination, the changes of the temperature. That may require a great deal of work; no one man could cope with that work. It is like the experiment on radium emanation. It gives off for three or four hours and then it changes, and after that it gives off something else. Your patient is always changing in an acute disease, and it is most important to discover these. Why a man gets well in pneumonia after his temperature is got down, the phenomena are much more marked, much more able to be studied, so for that purpose you want a great many men at work on one problem. And, further, when it becomes a question of work, there is always a lot of pressure. You have got

to make preparations; you have to keep, for instance cultures going. In the Pasteur Institute they might keep 200 or 300 cultures going. All that work is very dull, and it is difficult. It takes up a lot of a man's time if he did that in each laboratory; so you duplicate the work enormously, so much so that there are laboratories on the Continent where you can send 2s. and get any culture you want. We want a lot of cultures in our laboratories. There is a lot of routine of that sort. A media has to be made out of blood, and we have to bleed somebody for the purpose; someone may give their own blood. We might want microbes made up to a particular strength. When you have counted them everybody else can use them. A lot of that preliminary work now can be done by men working together, and it is almost impossible to get that done by men working alone; therefore I think it is a very bad system to work separately. If you can get a big unit to work you work enormously better.

1473. When you say there must be many men working on one problem you would rather have them centralised than use your money in subsidising existing laboratories?—Quite so. Then, when you try a thing in a laboratory and it does not come off, all these negative experiments never can be published. In our laboratory we have tried them, there is nothing there, that is a blind alley, you get to know that when you are working together; that information you do not get out of papers, nobody publishes it, therefore a lot of men working together tell each other. A very eminent man who made experiments on cancer said first he wanted to keep it all to himself. He must not give it away to anybody else; then he promised, "If I give it to anybody I will give it to you." Another man came and begged him, "No, I have promised that if I mention it to anybody I would give it to the other man; I cannot give it to you because I am bound by my promise." But now he says, "It is a mouse which has got cancer, it has not yet reached me—not become part of my stuff." He indicated that it was kind of cancer would give the man what he wanted. "Now, I have turned that man off the right course for the next three or four months I am quite happy." You see, there is an enormous amount of that kind of thing done, because a man's reputation in Germany depends on what he has been able to find out, and there are all kinds of finesses. With regard to this cancer business, for instance, a man in Denmark found out a particular mouse that had a transferable amount of cancer, but he would not give it to anybody else. "No, I found it, I am going to work that out." This man wanted to get it, so he advertised, "All dealers in canary birds and mice are requested to communicate with number so-and-so, office of this paper." He threw all the canary birds away. He got a complete set of all the mice dealers in Germany, and he got his samples out of that. All that is done in order to hide things. People proceed like burglars. If you go into a laboratory and ask what is going on it is like asking a very indelicate question. This happens to be my friend, he will tell me the thing sometimes. Now, all that is the ruin of research. We have to fight against that in my particular laboratory by saying all the work is to be done in common. No particular man is to have credit for this more than the other. You have to feel that sort of way. When you have a good service of men working all together in a laboratory you get that. If, on the other hand, you have got an outside laboratory, they are quite keen to knock you down for the time—and they do a lot of destructive work; whereas, if the two laboratories are together, and decide that a thing must go forward, while you have one side of the truth they have the other side of the other truth. Then you would do things and advance them. That is why a service in which people have not competing interests is very much better than isolated laboratories, each of which has got its own interests.

1474. As regards this Central Institute, would you have beds associated with it?—Yes. I think all research ought to be done in together, and I think all research ought to be done presence of patients, with the direct view of solving a problem. The laboratories abroad were started quite apart from hospitals, and the result of that was that the microbes of the human being are less known certainly than

those of animals, and in many laboratories it is bad taste to refer to human diseases or human people because that is detailed with medicine. It is a dearer race of people that deal entirely with laboratories. Then, when you ask them to deal with practical problems; no, this is disagreeable, everybody with cancer, say cancer people deal, everybody with Tuberculosis say Tuberculosis. I know both from hospital work and private practice you come to a patient very desperately ill. Can nothing be done? That is an enormous stimulus to thought. A man thinks "something has to be done here." If he is far away in a laboratory, without a patient, it does not matter. This will come within a thousand years. He has no apprehension of urgency. He talks in an academic way: "We will find these things out in time. What is the hurry? why is one thing more important than another?" That kind of feeling. Men who have to work in medicine on tubercle have to face the actual problem—not only a problem to be solved, but actively solved. In a hundred years millions of people will be dead; it is not a thing you can take your ease about. There is an enormous amount more work done in laboratories when you have three doctors in hospital at present; a man happens to be very ill, men are put on their mettle, it does not matter how long we sit over this thing, there is a definite cause to incite them to work hard. Those stimuli are perpetually recurring, therefore they are the most valuable stimuli you can get to research. That is my feeling about it.

1475. Metaphorically speaking you would have your laboratories at the bedside of the patient?—Patients cannot be treated without it, and the stimulus to research is enormous.

1476. Roughly how many beds ought you to have; what have you in your mind?—Well, you want two kinds of things: you want special beds for study; you cannot go over very many, it depends on the study. I said you want sometimes to concentrate several men on one case, but you want a large number of cases to select from; an out-patients' department which you might take into an in-patients' department; or you want a number of people, such as you would have in a sanatorium, together, or in a cripples' home, many of whom do not require daily treatment, only occasional treatment. Now in any sanatorium or any cripples' home you have that kind of thing; you want a large number of patients in order to get a few in laboratories, such as we have in St. Mary's, a large number of out-patients and few beds, it acts in the same way. There are two classes of people: one want urgent and acute attention and the others very little. If it is a sanatorium sort of thing, you want a great number of people. When I was at Netley Hospital we used to have 1,100, but then those men came back, and you would have among those a certain number who got malaria. You could not have picked these people out beforehand and say we will have a series of 50 cases in order to teach the class malaria, you wanted that large number to provide the cases that you wanted, so I think in a sanatorium you would have a good number of people doing very well that did not require much attention, and some in beds who would require very constant attention, so that the question is difficult to answer. Personally I like a big hospital or a big out-patient department in order to be able to choose a certain number of cases to give a great deal of intense study on.

1477. Dealing for the moment entirely with research into tubercle, would you prefer your laboratory to be in connection with a sanatorium that has a special disease, or rather in connection with a general hospital where all diseases are treated?—I would much sooner have it in connection with a general hospital. Of course, if there were a commandment that you were to deal with most of the tubercle, of course you would give preference to a tubercle patient, but I would certainly like the others, because tubercle is very difficult to work on from certain points of view. The microbe grows so very slowly. In bactericidal, much more acute and less severe diseases, those other microbes are always coming as secondary infections on the top of tubercle.

1478. You would give a large proportion, if not the

whole, of your grant in aid of research to the Central Institute; did I gather that from you?—I would give it all if I could get a service, and give it all; I would give it all.

1479. Rather than break it up; and you think you would get better results by having this Central Institution?—If you ask me the best way to employ it, the best way would be to get one big institution. You might scatter the different members of the institution; you may have a research service as in connection with the Indian Medical, with a Central Establishment. They sent people out in the plains to do whatever they want—report to the Central Establishment, and go up there and work; that is the kind of thing I would have.

1480. How would you link up this Central Institute with the various sanatoria and dispensaries and hospitals that are likely to come into existence?—I would get a staff, a Government service, to fight tubercle. I would have them all taught in a Central Institute, so that they should have an outlook over the whole range of research, and learn all the modern means. For instance, I would have them learn X-rays; I would have them learn veterinary surgery so far as it related to tubercle, so they might see an actual cow with tubercle. I have never seen that in my life, though I should like to see it. I should like them to have lectures on architecture and hygiene.

1481. (*Sir George Newman.*) What do you mean by that?—This view in a Government service. The Chairman asked me how I would link these up with the different sanatoria. I would link them up by means of the men trained and educated in the Central Institution and planted out in local institutions. I need not go through the scheme of education; let it be a wide scheme of education. Those would carry away the inspiration from the Central Institution, and know what they were at, and the objects to study where they would be planted out in various local places in connection with sanatoria or dispensaries, or whatever they might be through the country, or hospitals. I think they ought to go back to the Central Institute once a year—at any rate for a fortnight or so, and I think they ought to report to them. I think their work ought to be done in contact with that, and so I join things up in that way.

1482. (*Chairman.*) Would you have this Central Institute as the place where your difficult cases—exceptional cases—were sent to from the various sanatoria, or would you merely have it as the sanatoria for a particular district or a group of districts? I mean, would you have it as the place where patients not of the usual type, that were responding to treatment, were sent as being difficult cases?—There are so many difficult cases against tubercle. If you have any hundred cases of phthisis anywhere, you would find just as difficult cases—you need not go far before you find the difficult cases—so I do not think there would be any need for making it a place where we pick out any specially difficult case. Any case of tubercle going to the bad is difficult enough. I think there would be no loss in finding a case that was too hard for you.

1483. This Central Institute: would you have that staffed by people who were prepared to devote their whole life to it?—Certainly I would: I would make it a whole-time job of research and teaching; I would not let anybody research without teaching; and I would not ask anybody to teach sufficiently to interfere with his research.

1484. You would try to staff it, that is to say, with the best available men to devote their lives to carrying out the work there?—That is what I should do.

1485. Roughly what sort of salaries would you have to give to your head men?—I do not know. Down in the Army Medical School at Netley I got my professorship at 700*l.*, and I advanced to 950*l.* I think I was congratulated by everybody in my grade on getting it, and I think living in the country like that that is enough to attract good men. Of course, if a man has tasted the sweets of money, and has made more money than that, he would say, "No, I could not dream of it for that," and therefore, if you are to get a man who has already had more money, you would probably have to

offer him more than that. Those offers were principally made in connection with the Government Service,—men in the Indian Medical Service, or the Army Medical Service—and those salaries were not quite big enough, because they did not attract men from India to become professors there. They generally were taken up by people who had retired. They do not attract men in the Army because there was a Surgeon-Generalship to be got which had 1,500*l.* a year, and 1,000*l.* a year was not big enough to compete against that; but at the same time it had considerable attractions.

1486. Now, in the spending of this money or in the appointment to the Central Institute, would you have that done by an Advisory Committee, or would you have it done by a Government department, or would you have it done by the Minister, the temporary head of that Government department?—I would never have it done by a committee unless you could ensure you get all bad men on the committee, and say they were to elect themselves. If you elected good men on the committee you would restrict your numbers of people who could accept the appointment. Then I think if the appointment was made by the committee the Minister would say: “I disclaim any responsibility for it at all; I took the advice of other people.” I would much sooner make the Minister or head of the Government department responsible. I suppose the permanent head would be a better man than the Minister very often, because he would have more continuous experience, more interest in working the thing, less likely to have any political influence brought to bear on him. But this is what I should do: I should say the permanent head of the department; the civil servant I think, or possibly the Minister, but certainly not a committee. Committees work very well for Australian professorships where the people would not go out. Then they appoint young men; they do not come into competition for these things. But if it were a question of a committee of the Royal Society which gives honours and medals, I think the man who deserves an honour or a medal would not like to go on the council, because he would not have any share in getting it. I do not know that that would count in the thing, but human nature being what it is, I think it would count.

1487. I gather you do not approve of the system of subsidising a large number of laboratories or giving scholarships; you think the money would be better spent in another way?—It would be better spent. I think the worst way to spend money is to give it to individuals for certain scholarships which last for three years and afterwards expire. But I should think that they do not pay their own expenses when they come to the laboratory; it is the bactericidal system intensified: they work for themselves, they come to our laboratory, cut slices off your lump to give us, cut whole slices off, and then they go out to the mercantile profession, to ordinary practice, and serve that particular purpose. They have no means of living if they went on with research, that drops them just at the time. The incompetent have to be content with other laboratories, and are the worst possible things. However, I have had a scholarship of that sort myself for a year and I was very grateful for it. That is all I can say; still, I do not approve the principle. Well, the next best to that is to give it to a laboratory. If you give it to a laboratory, I would be very glad for 1,000*l.* for my laboratory; but still it is only staving off the evil hour for a year. I have got enough funds in my hands to run the laboratory for a year; I do not know what happens in the next. A young man comes with zeal for research; I cannot say to him: “Throw in your lot with me: I do not know what will happen at the end of the year; I want to carry on, but it is very uncertain that I shall have money enough.” Whenever there is a chance of making a few guineas the man would do that. No system of giving a temporary grant to a laboratory would do that. You cannot secure the services of a man permanently for research. It is a hand-to-mouth policy; you can help them for a certain time, but it is not, I think, the way to do it. This is the better way, if you can get your man to work his whole time with you.

1488. Who do you suggest should own this central hospital with its various laboratories?—I do not feel

at all capable of entering into questions of that sort. I do not see who could own that. The Government in a broad sense of the term, and I should think, just like the War Department who owns the Military Hospital, the Insurance Commissioners might own their place.

1489. The people, say, who have the money?—The people who have the money.

1490. Now, you mentioned a State college for the training of medical men?—That was my idea of the Central Institute, that it should not only have research, but also should undertake the training of the men who should afterwards enter into the Government service. The men who enter into the Government service should be there kept at headquarters to do research, or sent out to take posts in connection with hospitals or sanatoria or wherever there happened to be openings.

1491. Dealing with the existing institutions that there would be in the country, would you have central control? I gathered that you would have a State service of doctors coming from the centre, trained in the centre?—Yes, I would have that; I would plant them on the hospital in the way that I have been planted on St. Mary's Hospital. St. Mary's Hospital had an empty wing. I got some philanthropic men to give me money, and they said, "Now we will make an offer to the hospital that you shall get this wing from them; they shall undertake the upkeep of the business, and we shall keep up the laboratory," and the condition was, that I should be free in the treatment of the patients, and that my own department should follow my ideas. They at once said, "You shall not be under any kind of authority from the hospital as regards your treatment, because in the treatment you can follow your own lines." Taking it in that way, if I were the Government I would say, "Here is a man who is trained; you can have him in your hospital. We will build you a laboratory; keep up a few beds for him." I would make the best financial terms I could. I would say, "Now, give that man your best, and he can also help you in doing the scientific work." We had numbers of cases transferred from the general body of that hospital to us, the difficult cases, the cases that required study. We got daily applications, "Will you not take this case over from the rest of the hospital?" and if you had a man competent in tubercle running your out- and in-patient department in connection with the hospital you have got something to bargain with. At that hospital they might say, "Very well, we will leave this man a certain amount of freedom." You might then say, "Do something for his support." You might say it is a public spirited thing to take this person in; it is part of a tuberculosis fight, and so to their hospital now you take your man. If the hospital wanted to choose its own man out of the pile of people who have qualified, I would say, "Certainly do that, but we make the terms more severe. That is to say, we will ask you to do more and we will do less." I think on that system you could get a tubercle specialist associated with most large hospitals, and probably most sanatoria. Then you would have the new knowledge, as it were, being carried out, and you would have to bargain with each institution for a freedom of action for your tuberculosis specialist. In that particular thing the Government would be able to do that, because, for instance, even a commercial sanatorium could say, "We have got on our staff a Government man who has had perfect training, who undertakes inoculation treatment, or whatever treatment it might be." That would be a great asset to the institution, and I think in the teaching hospitals in London they would say it is part of the proper equipment to have this man, and so they would all willingly take such a man, or two or three such men. That is the way I should do in regard to the planting of them out.

1492. Do you consider it essential or advisable, or immaterial, whether this central institution were in London or not?—I think you could always get a better staff of men in London; I mean a better staff of teachers. And I think you have more intellectual activity, meetings and things of that sort to keep them

up to the mark; but, on the other hand, I think you could not have as good facilities for patients. I think having people who would come to learn that it is of importance that they should not be in London. At any rate, I went out of the Army Medical Service chiefly, or one of the chief things, on the question whether they should have the training school in London or in Netley. I said: "When you have men who are to do six months' course of instruction, they want to be taken away from their old surroundings, taken away from music halls and theatres, have nothing but the dull country round them, and patients and the scientific interests—the point of view in a teaching establishment." I think it is very much better done in the country. I fancy that all Military Staff Colleges; Woolwich; the Engineers' place at Chatham—all those are put in those country districts for that particular reason. You want the student, the men giving up his time to a speciality, taken away from the distractions of the town. And in some ways it is good for the teacher too, because there are constantly invasions on your time in a town, and in a place like Netley, where I was for 10 years, you are left severely alone; you do your work, and your teaching and nothing else, except physical exercise in the open air. That is the great advantage of a country institution.

1493. As regards the various sanatoria or dispensaries through the country, you do not consider it necessary to have laboratories connected with them unless it is purely for routine work?—I have read the scheme, the report and it seems to me—perhaps I have taken it up wrongly—that the dispensary should also be a centre for treatment. If the dispensary was only a place for making enquiries about a patient, for making a diagnosis, then you would only want a very simple laboratory. Anything in the way of more refined diagnosis, I think, should be done by a man who had passed through this complete course, and I suppose it should be in a hospital, or some place, or a sanatorium, one or other place, where that refined diagnosis was done.

1494. You mention in the last point in your memorandum that you propose to put before us a scheme of treatment of patients?—I meant by that, in my memorandum I suggested a course of study, and also how you are to plant out your tubercle specialist, and, further, what ought to be done with the patients as far as that scheme for treating patients. It is nearly all anticipated in the Provisional Report, with the exception that it seems to me it would be well, as I said a minute ago, not to have any treatment done in connection with the dispensary; to have the treatment done either in a sanatorium or an out-patient department associated with the hospital, at any rate, to make the division between the work that can be done by the ordinary clinical man, such as the diagnosis of tubercle and the actual treatment, which will involve more refined methods, their acquaintance with sanatorium needs, or acquaintance with immunisation of inoculation. Therefore, the scheme that I had outlined, would be the diagnosing dispensary, which should also undertake the investigation of the household conditions and bringing the contacts there, and then another treating establishment, such as, for instance, we have in an inoculation department at St. Mary's, where we have many people sent on from the conduct of dispensaries. The doctor there goes, finds in the house people with glands. He sends them to be treated, or sends them, if they are doubtful cases, to be diagnosed. These come into our out-patients' department at St. Mary's. Then the question arises with us, "Ought this man to go to a sanatorium?" If so, we have often tried to get them in to Frimley, or, if we thought they were cases for Alton and Dr. Gouvain, we sent them down there, or if they were urgent cases requiring treatment in bed, we took them into the hospital, and in that small sort of way we have been acting as one of these centres in connection with tuberculosis, taking the acute people in who require treatment in bed, sending the cases sufficiently well away, or after they had been getting sufficiently well, out to sanatorium treatment. The cripples to the cripples' home, and keeping a large number of patients in the out-patients' department undergoing inoculation while they went on and continued their work.

1495. (*Dr. Addison, M.P.*) With respect to your central institution and its functions, in paragraph 1 you speak of training a body of workers; of course, this is all post graduate?—This is post graduate, yes.

1496. How would you select these persons. Would you allow any man to come to the training who applied, or would you have some process of selection?—I should have a process of selection, I think. I am sorry to say I have not considered that; I ought to have considered that, but did not consider that problem in that they were selected by examination. I do not know whether that would be a good system either, examination or by nomination.

1497. You would not recommend selecting by examination, would you?—I would like to think about that; no, I do not think it is a very good system. I think it is a very much better system to have a system of nomination from laboratories of efficient people.

1498. From the existing schools?—From the existing schools.

1499. Now, assume by some of these processes a man becomes a student at the central institute, would he receive a salary from the beginning?—I think it is wise to give him salary, enough to keep him. They do in connection with Woolwich; they do in the Staff College; they do not at Woolwich; but when they go on to the Engineering School they get their money during their special study there. Artillerymen do during their long course. A man would have to have a good deal of capital in hand to go in for six months' training and keep himself.

1500. How long would this process of training be; a year or two years?—From six months to a year. I think you get a lot into six months; I think that would be quite enough to bring a man over the ground. If you wanted him to join the research his future life would be all teaching.

1501. Suppose at the end of six months, the person who is director comes to the conclusion that that man is not any particular good, would you leave it to the director to say "You had better do something else"?—Yes, you have got to weed them out. I take your point, I have not considered; that is the reason I hesitated about deciding it. The question always arose, of course, in connection with the Indian Army Medical men. We had an examination and we spun them. We spun them pretty freely, because we thought they would not make good men; they were slack about their work. I was very keen to make it more rigorous and spun far more people. I think that is a good system. A man under observation for six months who is slack about his work during that period of observation is not likely to be much good afterwards.

1502. It would not necessarily then be understood that the man who came into this post graduate training was going to enter the State service?—No.

1503. There would have to be some subsequent test, or whatever it might be?—They have the same thing in connection with the Navy. A boy goes for two or three years and they do not always take him. They must have a process of weeding out. I think it would be very well done there if a man is going to take that trouble and spend six months he is to be a serious man. Most people would get through if it is only a question of approving. There are posts you can send undesirable men to; for the slacker and leave him in.

1504. A man who wanted to go into general practice or what not, who wanted to have the advantage of this college for six months, you would leave it open for him to come as well?—Decidedly; if there was enough accommodation available, throw it open to everybody who wants to come. It only makes your professor better.

1505. You would charge them fees?—Yes, something small. I think you have to keep off the person who is not genuine, you have to make it big enough for that.

1506. As to the relation of this central institute. You suggest it should be under a Government department; that is so, is it not?—Yes.

1507. Would you say which Government department?—I imagine if it was going to be out of the Insurance Fund it would be the Insurance Commissioners, but these things are only names to me.

1508. Your idea is that the head of that Department would be responsible after all in the end for what went on in this Institution?—Yes, certainly. He must be able to pull up the Institution when it goes wrong. There must be some sort of way of retiring a man if he does not do his work; someone to appoint.

1509. I am only analysing this particular method. You recognise, of course, that he might be open to popular cries. He might be heckled in Parliament as to what experiments you did, and all that kind of thing. Do you not think that might militate against the interests of the work done there?—I do not think it is very serious. I have passed through that in connection with typhoid inoculation, I do not think anyone was much hurt. There were all sorts of letters. We did not kill anybody. The Director-General told me, "if you kill anybody you will get hung." I said, "Very well, sir." We did not kill anybody; we took precautions. I think it is not a bad thing. They tell me in St. Mary's if you bring a public scandal what will happen? Then you take great care not to make a public scandal. It puts people on their p's and q's. You have to deal with the English public, and you have to put up with it. That is no objection.

1510. On the whole you do not regard that as an objection?—No.

1511. You think that would not interfere with the independent and thoroughly scientific character of the work done there, it would not interfere at all events sufficiently materially?—No, I do not think so; it only wants a little tact to do the thing.

1512. You say a Government Department in your opinion would be preferable to a committee; I think you said so, did you not?—Yes.

1513. An advisory committee or whatever it is; what is your objection to a committee?—Because they know something about it and they would interfere, and they would never agree which way to do it. They would try to avoid it. Take typhoid inoculation; I started it. It was sent on to several authorities, professors and people of that sort, in the form of a memorandum, to see whether they would approve of it or not, and they were all against it. Now, what has the committee got to gain? The committee cannot direct it into right channels. They cannot put enthusiasm into it, they cannot give it ideas. They can only interfere, it seems to me, and usually in connection with these big institutions the committee does nothing; the director is quite able to keep them off.

1514. With a sufficiently strong-minded director he could keep this committee off?—He could keep this committee off. I am on the committee of the Lister Institute. It never occurs to me to give my friend Martin a suggestion. I have never been to a meeting. I can quite understand he has a list of people there; I think they are all pretty well in the same capacity. The public sees a series of names there, but it does not really affect anything. If I wanted my ideas carried out and Martin said he had different ideas you could not carry them against him; the man in charge must carry his views out.

1515. One other point. It is quite likely a Government Minister might interfere with your freedom of action?—No, I think they go away and forget; they never bother, I think. I do not know. I lived 10 years in Netley under the Government and never had an inquiry from the Government as to whether we were alive or dead.

1516. You were some distance from London?—That is an excellent thing, also we did not produce any scandals as we should have done if we had killed a lot of people. There were a great number of questions asked in Parliament about typhoid investigations, to see whether anybody had been poisoned by the process, but they could not find one. Beyond that they did not interfere.

1517. You propose the whole of this money, I gather, should be concentrated on this one thing, the Institution associated therewith?—Yes, that is my proposal. I am not saying it from the point of view of the man who would like to get some of it; I would like to get some of it; if I were asked to advise the

Government how to spend it, I would say do it on that system.

1518. I was considering you were not thinking of this institute, simply, are you, as an institute for clinical pathology and experimental research, or would it also undertake statistical and other inquiries of a more or public health character, or a public social character?—I think so. I think if anybody expressed a wish for that. For instance, I spoke to Sir William Power a minute or so. He said, press upon the committee the most important thing to discover in connection with contacts in the tuberculosis house, is that you ought to examine their resistance to tubercle. Now, if there is a desire to do that sort of thing, then I think that somebody should be sent down from the research laboratory, and set to work on a hundred tuberculosis houses, and test the place on everybody there, and settle that problem for ever. In India in connection with the Sanatoria Research Department, somebody complains there is a bad epidemic, the people are dying of fever. The Indian Government send an officer down to inquire into it and it is inquired into in that way. Many statistical inquiries in connection with malaria were conducted, or a percentage of malaria, in different towns. The Lister Institute did things in connection with a certain number of epidemics which broke out in———. How many of these are questions whether the infection is brought from without, or whether it recrudesces, I do not know, and the statistics were to prove that particular point. I think if there is any problem like that in which it is desired to express a conclusion it could be done and ought to be done with regard to that particular problem. I told Sir William Power we had already tried to test it. The question is are the contacts or the relatives of tuberculous people more susceptible to the disease than other people? We wrote down to several sanatoria and asked them to send us the bloods of the families of the people who were in the sanatoria. Their bloods were sent up. We found their resistance was low, but we could not state whether those were candidates for tubercle, or in the early stage for tubercle. Nothing came of that investigation. That could easily be done. That is a kind of statistical investigation you want to make.

1519. You think that beds are essential?—I think that beds are essential.

1520. In connection with this institute?—Yes.

1521. You think there would not be any danger of people thinking they were to be experimented on instead of guinea pigs. I am putting it in a raw, crude way?—No. It is somebody else thinks they are. We had that again in connection with the inoculation department at St. Mary's. People think they are experimented upon. As soon as a man is sick he will offer you his body for any kind of experiment. He says, "if you do not, I shall die." People outside say, "No, you must not; we object to experiment" If the man argued in that way he would not go to doctors; we are always experimenting on them.

1522. Have you formed any estimate as to what this institute would cost per year?—No, I am not a financier, I have not thought about it, but I have thought broadly about administrative questions. If you want a large number of patients for a cripples' home or a large number in a sanatoria, I would say to whatever insurance people have to spend the money, "here we will take the patients at 50*l.* a year; it will cost you 75*l.* to keep them, and you " will save that money and get good treatment. " We offer to take your patients off your hands and " treat them cheaper than you can treat them." If that offer were made in regard to cripples they would be delighted to send them down to an institution to be treated, provided it is cheaper.

1523. Under the Insurance Act a certain amount of money is available for treatment, 1*s.* 3*d.*, and a penny may be set aside for research. That penny would yield about 58,000*l.* a year. It may be, not necessarily will be, set aside for research. Thinking of the expenses of your institute rather than the expenses of treating patients which should come out of the 1*s.* 3*d.*?—Is this the answer to your question? I would propose in connection with a central institute a sanatorium to pay part of the expense out of the

research fund and part of it out of the insurance money. Say here, "We will not pay the whole cost of keeping a patient for the purpose of research, we will pay a small amount. Instead of building sanatorium, the cost being 70*l.* per head, we will take a certain number of your patients at 50*l.*, which is a lower charge, the 50*l.* to come from the local insurance people and 25*l.* out of the research department." In that way you would diminish the expense of the research institute.

1524. Would you advise the Insurance Commissioners to spend the whole of their money out of this penny through that channel.

1525. You know the money has to be divided up really for the different parts of the United Kingdom under the Insurance Act, I think; you would not have an institution in each country, I suppose, would you?—No, I think that would be ruinous, but I think perhaps breaking it up into three pieces is ruinous. All you could do with the other money would be to give it on the second best system, to an effective laboratory if it is not big enough to run an institute separately.

1526. What would be its relation to medical schools?—If it is a post-graduate place, no relation; they all will have taken their education in the medical schools before they come there.

1527. You recognise the opportunities in medical schools of teaching men experience in cases of tuberculosis. If we could get tuberculosis cases treated in the State sanatoria, dispensaries and institutions and all the rest of it, it would mean fewer than there are now at the medical schools?—I think the money will not reach to that. Think of all these places, and I think these tubercle specialists I would like to see attached to every hospital would teach in the out- and in-patients departments, so they would disseminate information through the medical school. In St. Mary's and most medical schools he learns inoculation; he comes and learns.

1528. He would go to the hospital; they would be State wards?—They would be State wards.

1529. And at this hospital they would have beds, would they?—My proposal was they should have beds and an out-patient department, and do certain teaching and do the treatment of the cases that came on from the dispensary.

1530. Would you at this institute treat any other disease but tuberculosis; would you allow your research to extend beyond tuberculosis?—Yes, certainly.

1531. Is it desirable?—Very desirable.

1532. How many beds do you think you would want?—I explained to the Chairman that you want two classes of beds; a certain number for intense study, a certain number to provide candidates for that.

1533. Supposing this were not possible, taking your second best for the moment, you would give your money, would you, to the laboratory or to the individual?—To the laboratory as the second best; to the Head of the laboratory to be used.

1534. And you would let him use it at his discretion?—I would let him use it at his discretion.

1535. Say I want to bring you some work here, you are prepared to do so much work, and we are prepared to give you so much money?—Yes.

1536. Would that be towards laboratory expenses, paying a living wage to the man who did it?—I do not know. It is just a question that this man has part of his time taken up earning money. If you get that man to give up all his time to the laboratory so much the better; if you could get the whole of that man's time, so much the better; the ideal is to get his whole time.

1537. A very important factor in giving his whole time is his future?—That is the fault of the system that you cannot be sure of the future.

1538. Do you think that in connection with this work an experimental farm is necessary?—I think it is an adornment, I think it is in the nature of a luxury.

1539. Well, now, for example, experiments in bovines and so on?—Well, if you come to the practical problem of what piece of treatment depends on that or what piece of hygiene depends upon that, then you have got to answer your question according to the answer to that particular question. Here you have to consider

that many Continental nations do that work and particularly that kind of work, therefore I do not see the urgency for that. I do not know that any question of treatment depends on experiments on bovines, and I do not know any practical hygiene that depends on it.

1540. Bovine would lead to the elimination of tubercle in bovine; would you not be warranted in undertaking expenditure on those lines?—It is too indirect a way to approach the problem if the money is limited. Of course it is part of a good scheme; if the money is limited, I think to save money I would save that experimental farm; I would save on that.

1541. Who would decide the branches of research that would be undertaken. I take it the Director of this Central Institute; you would leave it to him. Supposing some man in Manchester wanted to do a piece of work on something, would he have to come to the Institute to do the work; a State servant, you would allow him to do it in Manchester?—You would let him do it in Manchester. I suppose the students in these hospitals will join in that if you get a good enthusiastic man.

1542. Who is to decide whether those institutions with their laboratory facilities are satisfactory? Of course, in a general way it would not need any question; in a number of cases it might; would you leave it to the Director to decide whether a place was suitable for this person to work at? Whether they are to do enough for the man to entitle the Government to spend an amount for the Institution?—Then you would have to go into that question of the return; out of what fund the money for the laboratory was to come. I do not think you have got very much to bargain with in that thing. I think the difficulty is to plant your men out. You have to build your laboratory yourself, the hospital has not got funds; St. Mary's Hospital tell me, "We have got the money for the use of the sick. We cannot spend money in equipping a laboratory. If you want money go and get the money elsewhere." That would be the Government or the private donor.

1543. (*Dr. Niven.*) You have recommended a Central Institute. Of course it is a fact, is it not, that there are a large number of keen energetic men attached to the Universities throughout the country, and it would be desirable as far as possible to engage their services in this research work, and that something might be said from that point of view in favour of giving grants to the larger and well equipped laboratories attached to the Universities rather than to a Central Institute?—From the point of view of getting things on I do not think you would get your problems solved by those young men. I would be quite glad to interest them in research and get them on, but the first two or three years of a man's life the time between qualifying and practice are very short; he wants to learn his job then, he is not to contribute anything of his time.

1544. A certain number of them get attached to the laboratory, and stay there and learn the methods. Those men might be valuable if you gave them a salary?—I propose the Government should say to the hospital, "We will give you a laboratory, we will give you a specialist." That specialist will be nowhere unless he has people to help him, unless he had enthusiasm to do it, he would do very little work unless you get those people in connection with it and pay these laboratory expenses. I think they should be given laboratory expenses, but that is keeping money within the service.

1545. I rather take it that you advocate, supposing you did employ such a man, that he should have a pretty good salary; he should have what you call a living wage?—Yes.

1546. What would you call a living wage for such a position?—It depends on his age. I mean to say, you can get a man at, I should think, 400*l.* a year to begin with, if his salary is to run up in ordinary expectation to 900*l.* or 1,000*l.* I think that is the sort of thing you get in the Army Medical Department with some higher posts which are worth 1,500*l.*

1547. That would be for the head of the Laboratory; are you not thinking of him, not of the man who is doing research work of this kind under the direction of the head of the Laboratory?—He would be young.

1548. A man of about 30, say, to 35 with laboratory experience, well trained, willing to devote some years to work of this kind, with chance of a professorship or what not?—My idea is to get young men in, you need not pay them very much when young; allow them to retire at 10 years as they do in the Army Medical Department with 1,000*l.*, or something of that kind, and go on to practice. There are many attractions. Some of them go for professorships, and a remnant of the men, those men you wanted to keep, you would remove to bigger posts from a smaller town to a bigger town. These men would go on to a salary of 1,200*l.* or 1,500*l.*

1549. There are a few of such men. My point is, would it not be a good thing to encourage the local spirit by granting research funds, say, with certain prescribed subjects which they could work at?—No, I do not think it would be the best expenditure of the money; I would like to have it done through a department.

1550. Well, in a central institute, such as you are contemplating, you are contemplating also a man of pre-eminent qualities, otherwise he would scarcely be the best man to direct operations, would he, and to train all those young men who are to go to the various hospitals throughout the country?—You would certainly want to get the best man you can, but you want more than one good man.

1551. You would want an extremely good man?—Well, you have got to work in the world with the best men you can get. You have extremely good men at the head of every foreign laboratory.

1552. Men of fertile ideas?—More than one fertile idea.

1553. Not only an able man, but a man of fertile ideas, otherwise he would have nothing to send down to the country?—Yes, but there are only a limited number of these men in the world.

1554. Why limited; you would put all your eggs in one basket and the egg might not turn out the right sort of egg?—I do not think so. If you have a department, the head is only too glad to get ideas from two or three. In my laboratory, if we get a young man in with ideas we value him enormously.

1555. I put it personally, if you were at the head of such a department, I have not the slightest doubt you would produce a working and living organisation which would do a great deal of work, but the next man that came along, it might be the crystallisation of an altogether imperfect system, and the country generally would not submit to receive your man who took the place of your local man they were accustomed to?—I do not know. There is a German department for investigations of that sort at Berlin; they had very second-class people at the head of it, but they had Schaudinn, who discovered the microbe of syphilis, and in a very short time there will come in young men devoted to research. You will have a man with ideas; you will save him from the desire of hunting for money; you get into the Government service all the brilliant young men of that kind, and no one can choke off those ideas.

1556. Then none of that work that was being done in the country generally, there were not many good ideas going, much original work was being produced?—They are very rare.

1557. I was just coming to that point. Of course practically the whole of the original power of this country at present is engaged in teaching; the original power that there is is subjugated for want of money, is it not? You take the professors—the men attached to the larger laboratories; the young men who come there get ideas from them; those they work out—perhaps not in the most perform form—but the ablest men themselves are swallowed up in that kind of work and in teaching. He could do a good deal more in his laboratory if he had assistance. I just wish to put that to you?—I am doubtful about that. Many a good man is crushed—a poor man who had to work very hard in teaching—but I think most professors if they had any intelligence could bring their ideas out.

1558. They bring some ideas out. Ideas cannot be worked out under those conditions. They might do a good deal of work, but it would not be of the highest kind. I can assure you that feeling exists?—I know

many men who say if I have routine work to do, what splendid research I could do.

1559. (*Dr. Addison, M.P.*) Do you believe it?—I do not believe it. A man says, If I have no teaching to do, I should do splendid research.

1560. (*Dr. Niven.*) He might do a good research work, but not the best, not the kind of work you are alluding to. At all events, this is quite certain that with the quality of man that we have throughout the country, is it not the fact that assistance given under the proper conditions to the best University laboratories would produce good results, whether it was the best or not?—I quite agree. I would much sooner see that given than the money not given. If I could get 1,000*l.* for any laboratory in this country, I would get it. What am I to endow? I am to endow any institution you like. If you ask me what to do best—with these Grocers' scholarships all do good; never hinder a man giving it—but if you ask me what is the best expenditure, I say give it to a service where the people work together.

1561. Still they do work together in these large laboratories: I mean you have those conditions, although perhaps not so ideally represented as you would wish them to be.

1562. (*Dr. Latham.*) Only one or two questions. With regard to this question of money, I take it, really it comes to this, that if you had an unlimited amount of money you would be prepared to have your service and give to various institutions throughout the country?—Certainly.

1563. If you had a limited amount of money you are to fritter it away to small institutions?—It all depends on the sum. If I had a sum more than the institute could use, that is another matter. The Pasteur Institute is over-rich, there are too many men on it. If we are to distribute that money in grants, it just depends on how much money there is.

1564. Given 40,000*l.*, you say a Central Institute?—I say so, certainly.

1565. In regard to the Central Institute; you do not want it to be under the thumb of one man—a clinician or bacteriologist, or what not; you want to have three or four people on co-equal terms, or do you want it to be under a Director?—I think, so far as the research work goes, it is better to be left; I think so far as it has gone, it is better to have it under a Director, as a whole; the whole of the conduct of the research work, but I think the subordinates require a great deal of independence.

1566. Would you make the clinician under the direction of the Research Director?—Well, so far as his clinical work was concerned, I cannot say that the Director would be any use in the actual treatment of patients. This would be an establishment for treating patients, and also doing the Research. So far as the treatment is concerned, he should have nothing to do with it. When at Netley there was someone in charge of the Medical and Surgical Wards; we could do any Research on his cases, but we were not allowed to interfere with his treatment. It seems to me monstrous that we should interfere with his treatment in that sense. In that sense the man would have to be quite independent. That is the best means for treating the individual case, and you have the power of saying to him, This is the way I would do it; but he is quite competent to say, "I will do it in my own way"; the responsibility must be on him. I do not think the Director of Research should prescribe treatment on anybody.

1567. (*Dr. Niven.*) But there would be an obligation on any man to carry out the line of treatment the Director suggested?—I do not think so. With regard to tuberculin, I think there are very different systems of dosage. One man goes one way, and one another; the opinion of one man would be to sterilise it entirely, I think you have to allow an enormous amount of latitude. You could not prescribe what the proper treatment was or even the routine of treatment. If I may again take the case of our Inoculation Department, Captain Douglas gives the minimal dose; I give a bigger dose, another man gives a bigger dose than I do; we are all trying to find out; we are testing the bloods; we have no kind of finality.

1568. I put it this way. Supposing you are Director of such an institute and you found out some modification of treatment which you think is going to revolutionise the whole thing; you would expect as matter of course that the clinical man would try that, would you not; I mean it is reasonable?—I should like him to try, I am quite sure I should get it tried if I had a class of men and put it, "This is the best," some one would go and try it. To insist that any individual man should try treatment seems monstrous. I have preached typhoid inoculation to a class. One man has said, "I will not have anything to do with it," another man says, "There is some reason in it," and he does it, but you cannot possibly order people to do things, you would simply sterilise what they are doing, so I do not think it would become a despotism. You have to consider matters in conscience, what is right. A man must have confident hope that the idea you are giving him is to give him some results.

1569. (*Dr. Bardswell.*) Is it proposed to have full time clinical people attached to these places, physicians?—So far as the teaching establishment, certainly I think they ought to be full-time people.

1570. It would not be men who are practising and giving part of their time as it is now in all hospitals?—I think teaching suffers as soon as a man has a big practice.

1571. Is your idea an appointment for 12 years?—I think much more than a term of years; I think a question of life with a pension, because a man is not to give up a practice, for instance, on anything short of that. The difficulty is to get him to give it up for that.

1572. What sort of salary would tempt a man of that class? Would you go up the whole grade, go up very young?—They are too expensive when they are old; they have lost some of their enthusiasm; I would get them reasonably young; a rising clinician; a young man who seems to have points about him.

1573. (*Dr. Leslie Mackenzie.*) You were kind enough to send me a copy of your report of the Inoculation Department. I was under the impression that you had sent it to all the members of the Committee?—I asked them to send it to all the members of the Committee. I did not send it to the secretary; but I asked my secretary to send it to all the members of the Committee. Will you submit to have a second one sent you, or I may send them to the secretary.

1574. (*Chairman.*) There is just one point. In your opinion the best way to use this money is a central institution, and the next best way is to give it to existing laboratories, and the worst is to give it to individuals?—Yes, individuals who have not got laboratories; young men beginning.

1575. Why do you put laboratory above the individual?—Well, I only mean to say a man who has got a laboratory. The distinction I was making is this: the research scholarship comes to a man who is beginning life; he has to find a laboratory for himself, but he has not got his training; everybody at the head of a laboratory has got some training, he has the means of going to work.

1576. You would give it to the man who has proved himself?—I would give it to the man who has proved himself; I would give it to every good laboratory.

1577. (*Dr. Addison, M.P.*) How would he use this money?—Well, if you ask me a personal question, how I would use the money, I would say, I would do no practice, give my whole time to the laboratory. When I have 400*l.* a year I have announced I will give myself to it and give up practice. That is the first thing. Many other men I know in town draw a salary for teaching; they have to do examinations and various things. It is very much better to give them the money for themselves where they do not do that, provided you say, "Show me you have given up some "salaried position for this." Then they give them an assistant, because their work is worth more than an assistant's. I have understood that something is offered out of the Civil List to quite important people, because they were found to do examinations; "Take this and do without the examinations work or give up some money earned." It would be a good expenditure of money, and I think that is the best

expenditure of money to get the work of the head man only to show he has given up money to that extent or more.

1578. Suppose you had 100 beds at your hospital, what staff would you require; how many physicians? You mean our hospital?

1579. I am speaking of the hospital connected with the Central Institute?—I do not know. I looked through your scheme of sanatoria; you said one medical officer to 100 patients.

1580. That is sanatoria, but take an institute?—It would have to be a sanatorium plus a certain number of sick people; on one side of it there would be the clinical, on another part, surgical tuberculosis.

1581. And the teaching as well; you see you are to do teaching. I am only thinking of the staff to find out the expenditure really per 100 beds. They are to be expert clinicians?—You want it very well staffed; you want a great number of men, of course.

1582. Could you give us any idea as to what is in your mind?—I think a physician could do with 30 cases quite easily.

1583. Thirty beds?—Thirty quite easily.

1584. And teach on them and so forth?—And teach on them. Then he wants laboratory help to go through these laboratory cases. Of course, I do not know in a sanatorium of 200 or 300 people that there would be 30 people in bed; I do not think that there would be anything like that.

1585. Take ; he has many more beds than that of course?—I have never been round with him; I do not know what he knows about his cases. As I walk round the wards I do not know what microbes this patient or that patient has, they open their eyes. We have to find out what microbes a man has, and what microbes a man has in his bones. When I ask a man. What microbes has this man got? and he does not know, he is excused; it is difficult to remember the microbes of 30 people.

1586. For that reason I asked you would necessarily have to limit the number of beds; you would not have a big clinic?—No, you would have to limit it close round down to three or four cases—you do not want a great number of these patients—those are very intensely studied.

(*Chairman.*) Thank you very much, Sir Almroth; we are sorry to have kept you waiting.

The witness withdrew.

Adjourned till to-morrow at 10·30 a.m.

TUBERCULOSIS COMMITTEE.

TWELFTH DAY.

Thursday, 16th May, 1912.

PRESENT:

MR. WALDORF ASTOR, M.P. (*Chairman*),
(presiding).
MR. N. D. BARDSWELL, M.D.
MR. A. MEARNS FRASER, M.D.
MR. A. LATHAM, M.D.
MR. W. LESLIE MACKENZIE, M.D.
MR. J. C. MCVAIL.
MR. W. J. MAGUIRE, M.D.
SIR GEORGE NEWMAN, M.D.
MR. ARTHUR NEWSHOLME, C.B., M.D.
MR. JAMES NIVEN, LL.D., M.B.
MR. MARCUS PATERSON, M.B.
MR. R. W. PHILIP, M.D.
MR. H. MEREDITH RICHARDS, M.D.
MR. T. J. STAFFORD, C.B., F.R.C.S.I.
MISS JANE WALKER, M.D.
MR. ORME B. CLARKE (*Secretary*).

Professor G. SIMS WOODHEAD, LL.D., M.A. (Cantab.),
M.D. (Edin.), M.B., C.M., F.R.C.P. (Edin.),
F.R.S.E., Pathologist to the Royal Hospital for
Sick Children, Edinburgh, and to the Royal
Infirmary, Edinburgh, called in and examined.

1586. (*Chairman*.) Professor Sims Woodhead, I notice that in your Memorandum you say that any campaign undertaken against tuberculosis must also include measures against infection from bovine sources?—Yes.

1587. You consider that very important?—I consider that important. If we are to make a complete clear out of tuberculosis, which I hope we shall some day, we must attack the bovine along with the human sources.

1588. You mention, I notice, 127 post-mortems that you yourself have carried out, and you also refer to the fact that you traced the source of infection to bovine infection in a large number of cases?—

1589. Could you give us the exact figures and the proportion out of these 127 where the disease was due to bovine?—I have not them with me at the present time, but I should say, I think my figures were 26 per cent. that I looked upon as being the result of bovine infection. Of course, these were all in children, they were all children who had died from tuberculosis, they were in that district where, I believe, the bovine tuberculosis plays a more important part than it does in other districts. I think that these figures are substantially accurate for that district.

1590. Why do you say that it plays a more important part; do you mean to say that there is more surgical tuberculosis in that district?—There is more surgical tuberculosis. At that time a very large number of tuberculous cattle, I do not know what they are now, but Principal Sir William McFadyean and I (he was not Sir William at that time), went over the Edinburgh cow-houses and found a very considerable proportion of the cattle affected with tuberculosis, and affected with tuberculosis of such a type that the tubercle bacillus would be readily carried from the cow to the infant.

1591. You attribute, that is to say, the extent of this surgical tuberculosis in the children in that district to the condition of the herds; the dairy cows?—I should say so partly, but of course I was dealing not with surgical tuberculosis only, but glandular tuberculosis, intestinal tuberculosis and a certain proportion of cases of surgical tuberculosis and a certain proportion of pulmonary tuberculosis in children; all these cases were in children.

1592. You could not say under these various headings what proportion was due to bovine?—No, I could not, because I did not analyse them, I had not in fact the data, and it was only on analysing the cases afterwards that one came to the conclusion that these were really cases of bovine tuberculosis. It was in the very early time before tuberculosis in the bovines was so very much considered as it is now, in

fact they were some of the early statistics that were collected. Since then I am satisfied that these statistics were correct.

1593. Are you carrying out any investigations on these lines now?—Yes.

1594. As to the question of bovine infection?—Yes, we are continuing a number of these experiments in Cambridge, and investigations.

1595. Have you thought out any suggestions for dealing with this question of milk infection—bovine infection?—Well, of course, I really at present cannot go further than those suggested by the Royal Commission; those were based on very accurate data. I think, when we say we threw aside everything that was doubtful we felt that that being the case any recommendations that we gave might certainly be followed to the very hilt.

1596. I notice you refer to age incidence. Does this prove anything in connection with the danger to young persons of tuberculous milk?—Well, of course, one finds, as a matter of fact, that in young persons we examined, there are more cases that can be attributed to bovine infection than we can find amongst adults. I think there is no doubt about that, that the age incidence in that way is all important, that the bovine infection occurs much more in children between one year and on, say, to 15 or 16 than it does at any other periods of life. We have the comparatively free period before one year and then we have a certain period in which bovine infection does not appear to play such an important part after that period. But we have a short period during which children are probably taking more milk. I simply mention that we have a short period in which bovine infection is more common, and is therefore more important after the first year of life, and then, say, after 14 or 15 years.

1597. And that period coincides with the milk drinking period of the child, is that it?—Yes. Of course we should not like to insist upon that too strongly, but it is there as a fact.

1598. Have you any experience of Pasteurised milk, as to whether this would meet the difficulty?—Well, I made a large number of experiments on the heating of milk for the first of the experimental courses, and there we found that by taking proper precautions, heating the milk either for a long time or at a comparatively high temperature, it was possible to diminish the danger from infection.

1599. To diminish only, not to do away with it?—Well, if you do it completely and under most satisfactory conditions you can do away with the infection, I believe.

1600. You would then call it sterilised, and not Pasteurised milk, would you not?—Well, if you keep it for a sufficiently long time I believe you can render it perfectly safe. There are two ways of destroying all germs, heating for a long time at a comparatively low temperature, or heating for a short time at a comparatively high temperature, so that if you take a low temperature it must be for a sufficiently long time, if you wish to do the sterilisation in a short time you must use a high temperature.

1601. Have you found that individuals who have suffered from surgical tuberculosis in childhood were to any extent immune to phthisis when they reached adult life?—I am afraid that my experience on that point would not be of any value. I believe there is a certain immunity produced, from what I know of immunity generally, and from what I have seen in certain cases, but if I were to say I was speaking from any wide experience I should be misleading the Committee, and I do not think that my evidence on that point, from experience would be of any great value.

1602. Would you consider it advisable to have notification of non-pulmonary tuberculosis?—I should say it would be desirable.

1603. Why, what would be the advantage?—Wherever you have infected material, say, from a case of bone disease, you have a discharge of material containing tubercle bacilli, from an abscess, say, round an osseous tuberculous mass. The danger would not be very great, because people get rid of septic material and dirty dressings, they are usually burned. But still there is a certain danger of the dressings; there are certain bacilli present, and as long as you have those

present you are increasing the number of bacilli there are about. There are already enough about, we want to keep them down to as low a limit as possible, therefore, I should say that anything that would diminish the number of tubercle bacilli should be brought into play.

1604. As a matter of fact the danger from this bone tuberculosis is not very great, is it, as regards infection?—Except to those who are coming directly into contact with it.

1605. Do you consider that it would enable you to obtain purer milk if you had this notification, that is to say, that you would be able to trace the dangerous milk?—Any case of tuberculosis, for instance, any bone tuberculosis, in anyone working in a dairy, or in contact with a dairy, I should think would be a very dangerous thing indeed.

1606. What test would you have for such a notification; would you take the Von Pirquet test or would you fear that that would alarm the public?—Looking at it from that point of view, the bone tuberculosis, until you have an actual discharge of the bacilli there, of course, is no great danger. I was thinking of a case, for example, that has not been treated because there has been neglect and probably because there has been no notification. I should say that in any case where there is any discharge from a case of surgical tuberculosis that case ought to be notified. Of course, if it comes to a question of an obscure lesion of which you can get very little evidence, then you can be pretty sure there is no tubercle bacilli coming to the outside, therefore, in such a case as that I do not know that I should insist, except on general principles, on notification, and, therefore, I do not know that any special test where you have, as it were, to feel round as to whether there is tubercle there or not, in a surgical case, I do not know that that would be necessary.

1607. You said just now that surgical tuberculosis was to a large extent due to bovine infection?—Oh! excuse me, I do not think I made that statement. I should be very sorry to make that statement.

1608. Well, shall I say that a certain amount of non-pulmonary tuberculosis was due to bovine infection?—A certain amount, yes.

1609. If these cases were notified do you think that you would thereby be able to trace tuberculous milk if you got a case of non-pulmonary tuberculosis and you came to the conclusion that it is due to bovine infection, do you think if that were notified it would enable you to trace a possible source of danger?—I think it might be useful, certainly. May I put it this way, Mr. Chairman? We want to get all the information we can. We do not know at present what are the exact sources, we do not know the exact method of communication even in those cases in which we have traced it, say, or in which we consider it to be bovine. We are not sure of the channel by which it has been brought to the patient and I should say that at the present time when we are entering on a very very important campaign, anything that will give information should be considered and we should not confine ourselves exactly to these points which we have been able to prove up to the present because we have a great deal yet to learn upon the subject.

1610. That is to say you think notification would very probably produce valuable material, valuable information?—Quite so.

1611. I notice you say in your memorandum that as regards prevention it is important to increase the natural defence of resistance powers; in connection with that you touch on nutrition, housing, and teeth?—Yes.

1612. Would you care to elaborate that?—Well, I should say that I look upon the treatment of tuberculosis as divided into two very distinct portions. We have first that that we may look upon as the general public health side, the general health, individual and public. We wish to build up individuals to as high a state of health as we possibly can and anything that is done in that way will, I believe, aid enormously in the campaign against tuberculosis. Therefore, for example, I look upon the children's teeth—we put that forward—as one of the most important points. In the teeth clinic in Cambridge we felt that by giving the children a better masticating apparatus they were

going to make very much more use of the food that they have, that we were going to do away with a great deal of susceptibility, a great deal of intestinal troubles, a great many of the conditions which rendered the child susceptible to the tuberculosis. In hospital practice one knows perfectly well that there are a certain number of children who are affected directly by carious teeth. I have seen cases where the carious teeth have been the point of entrance of tuberculosis bacilli. That may be only one case, still, that is the first point. Well, then, wherever there is any interference with the digestive process you interfere with the perfection of the protection of the alimentary canal, and if you open up or weaken any of those protecting surfaces then you are increasing the danger of invasion of the child. So that quite apart from the mere nutrition, before the food, as it were, gets to the body, you are doing something. Well, then, I think we all recognise, at least, all who have seen anything about tuberculosis, recognise that a well-nourished patient resists the attack of the tubercle bacillus, not only before it gets in but after it gets into the body, much more easily and much more perfectly than does a patient who is not properly nourished; so that from all these points of view I look upon, say, the teeth as part of a process concerned in nutrition, as being very important. Well, then, of course, sufficient food, proper food; there, of course, comes the digestibility; then the power of nourishing the tissues and bringing them up to a high pitch of resistance or, say, of health, because that is practically the same thing. And then, of course, the general hygienic conditions assist in maintaining proper nutrition of the tissues. We cannot have tissues properly nourished unless we have plenty of oxygen, unless they can get rid of the waste products easily, unless the skin is acting well, unless the lungs are not only acting well but that they are not taking back material that they once got rid of. We look upon all these as points that have to be attended to and points that have to be attended to, of course, in different ways, but each, I consider, is a factor in the resistance against tuberculosis.

1613. You were a member of the late Royal Commission, were you not?—I was.

1614. Was it the opinion of the Royal Commission that their work should be carried on?—Well, they were of opinion that they had settled certain subjects that they had been asked to settle, but that there were a great number of outlying and dependent problems that still had to be settled. They were quite satisfied about that, and I think that anyone who will follow their work will see that they were limited to the answering of certain definite questions. Now, they attempted to answer those questions, and they restricted their work, as far as possible, to their reference. But during the course of the work a very considerable number of questions arose, minor questions some of them, but certainly a very considerable number of questions arose, on which we should like to have, as it were, side-tracked, but we felt that we had such a very large amount of work to do in connection with the definite problems that were put before us that we had to leave those, and I may say that when the work of the Commission was stopped I was so impressed with this that we in Cambridge, of course, in a very imperfect fashion and with very imperfect means, undertook, or, at any rate, we started to try to solve some of these problems. We are engaged on them at the present time. There are a very considerable number of problems that we think ought to be settled.

1615. It was the opinion of the Royal Commission that there were important problems which they had raised which should be investigated?—Yes.

1616. You yourself were of that opinion?—I am, certainly.

1617. May I ask, was it the unanimous opinion of the Royal Commission?—Well, it was unanimous that there were those problems, but I think the unanimity was not as to how those problems ought to be tackled.

1618. Since the Royal Commission has stopped has this work been carried on either in part or in whole by anybody else? You mentioned just now that some of it, I think you described was being carried out in an imperfect fashion?—Yes.

1619. But as a whole has it been carried on?—No.

1620. It has not?—Of course it was impossible.

1621. Impossible! why?—To carry it on as a whole. There were no facilities, no money, no many things. The men, of course, could not be kept together, but I believe that some of the work, for example, some of the points that were raised—I have no doubt Dr. Newsholme will be able to tell us—are being considered at the Local Government Board. I also know that one or two of the other points that have not been carried on are to be carried on. I think Dr. Newsholme has engaged quite recently that one of the points that we had in view was to be raised and worked at. Well, then, I believe that in Edinburgh Dr. Ritchie and Dr. Stiles are carrying out a series of investigations, very important investigations, in which they are trying to determine the relation of surgical tuberculosis of tubercular meningitis and other conditions, to bovine and to human tuberculosis. I believe that these are being carried on there. I have not very definite information, except through conversation and through reading a paper by Dr. Stiles.

1622. Do you consider experiments on large animals, bovines, essential?—I am afraid so; I do not see how they are to be carried on without.

1623. Given a limited amount of money would you consider you would get best results by spending this on one big farm or institution, or by dividing it up and giving it in the shape of small subsidies to different persons?—Well, of course, it depends so very much on the amount of money, and it depends so much on the conditions under which it would be expended.

1624. I said given a limited amount of money?—That comes to be a question of some thousands or some hundreds. If it is only a very small sum then it might be worth concentrating. If you have a larger sum then I think it might be well to subsidise and help those—I say this without any personal feeling—who are already engaged in work, because there should be a number of questions settled by those who are specially keen about getting out some special piece of work. They might do it better than those who are simply doing it as a matter of routine, but, of course, the ideal plan would be to have some central organization which should allocate, as it were, the special work to each department that has work.

1625. What is the smallest amount of money? Would you put forward any sort of distinction? You said if there was only a small amount of money it should be concentrated, but if there was a larger amount it should be divided up; what roughly have you in mind?—I have in mind the research grant, all the grant for research under the Act.

1626. Well, roughly, as far as England is concerned, it is a little under 40,000*l.*?—40,000*l.*

1627. There are many different channels of research?—Yes.

1628. Have you any specific proposal you would like to put forward?—First of all I have made one or two notes, Mr. Chairman, as to the channels of research or the kinds of research. First of all, I have made a note that the research grant is not a very large grant, so putting it as you say at this, that a certain amount should be allocated to each country, because each country has its own problems. There is the problem of which we have been speaking. I should say the problem in Edinburgh is very different from the problem in London, therefore I have made a note here that I think each country should have a grant allocated. Well, then, there should be a grant that should be divided so that each kind of work might be subsidised, and I think that that grant should be divided first of all in helping, or rather in starting, perhaps, work in properly equipped departments, laboratories, farms; secondly, that the grant might be used to supplement what is already done in certain Government departments. I have in view there as I happened to come in contact with it the other day the supplementing of grants, say, of research grants in Government departments. But I think that a certain amount might be set aside for that so long as it is devoted specially to experimental work.

1629. By "experimental work" you mean research department as apart from routine work; is that what you mean?—Yes, that is the point I should like to say something about, Mr. Chairman, and, secondly, that a certain amount might be set apart for what we

may call statistical research. I think that may come to be very important. But in connection with that I should like to make a few remarks if you will allow me, as to what I look upon as research. Now I know, that on that point I may not be quite in agreement with some members of the Committee, because they would look upon diagnosis as research work. It is part of the administrative work that has to be carried out in connection with the treatment of patients. Of course, it is very important, the diagnosis itself, I am not now speaking of investigations into the methods of diagnosis. Then I look upon treatment and the application of the various methods of treatment as also part of the administrative work. That is not in itself research work, and lastly, I do not look upon the collection of statistics as research work.

1630. You do not regard it or you do?—No, I do not look upon the collection of statistics as research work. It has to be done, or ought to be done, in a great scheme of this kind on a definite system, and in connection with those who will have to deal with the statistics afterwards. There should be definite guidance given as to how the statistics should be collected, what are of value, and it should be kept in view that these are to be used for investigations at a later period. And then, I think, that these should be handed over to those specially skilled experts who, working along with some of those specially skilled experts who are doing this administrative work, working along with them, should use part of the grant for the working up of those statistics. Now the elaboration of the methods of treatment comes rather more definitely under what I should look upon as research. There are a great many things in connection with diagnosis that are not yet definitely settled. Those, many of them, cannot be carried out in the routine work or treatment of patients. It may be necessary in that connection to call attention to certain points in the treatment of patients, but if the elaboration of methods of treatment, and the elaboration of methods of diagnosis are ultimately to become what it ought to become, there will have to be a number of experimental investigations carried out alongside the clinical work, and that, I think, might come under the heading of research. So that the treatment and the diagnosis should be looked upon as separate, except, incidentally, from what I should claim to be research work. I say this because the sum set apart is comparatively small and if it is frittered away—I put it in that form, “frittered away,” without any evil meaning in the term—in simply assisting and aiding at a few points, the treatment of the diagnosis, then I think the full value of this money will not be obtained. That is my opinion after thinking it over very carefully. Then as regards the collection of statistics, the figures themselves and the filling up of forms, and so on, should be very carefully done, but it should be done in connection with the actual administrative work done under the broader provisions of the Act, that is, under the actual treatment, sanatorium treatment, and other, of the patients.

1631. Apart from what I might call purely academic and scientific results, what practical results do you anticipate would come from experiment in connection with the farm and bovine animals?—I think the whole question of prevention and treatment, the importance at any rate of prevention and treatment depend entirely upon these.

1632. That is to say, the treatment of human beings eventually. You consider it essential to have experiments on a farm?—I do. If I might just mention what I noted in connection, say, with Germany. There they are applying a very considerable sum annually to the various portions of research similar to those that I have mentioned. I believe that in Germany they are doing a very considerable amount of work that will ultimately be of very great value, and they are only falling behind at the present time, because their investigators are not sufficiently free and independent. I have been looking into their statistics very carefully in connection, say, with the Royal Commission. Now their results are not very different from those of the Royal Commission in many respects, but their conclusions are very, very different, and I cannot help thinking that these men are working rather too much

to order, if I may put it in that way. They are getting results that do not differ very much from ours, but their conclusions are very different from our, and I should like the Committee to bear that in mind in drawing up any reports.

1633. Do you suggest that it is because they are under the Government that they owe their existence, that they derive their funds from a Government grant as apart from private grants?—I think that has something to do with it; they are to a certain extent biassed. I believe they are perfectly honest; I believe it is an unconscious bias, but it is a bias that is interfering very materially with the value of their results. I am not saying this without very very careful consideration and without noting very carefully the conditions under which the work is being carried on.

1634. (*Dr. Niven.*) Certain results are expected?—Well, I will not say that they expect them but they came more easily in one direction that they do in another.

1635. (*Chairman.*) Are there any particular points in connection with the treatment of human beings that you would like to touch upon that would result from the experiments on such a farm as you have in mind?—Yes; I believe there are a good many questions. First of all, there is the question of the best method of the use of tuberculin. I believe that we have not yet got to the best method of using tuberculin. They are improving not only the type of tuberculin, but the method of using tuberculin, we have the whole question of active immunity to settle in connection with tuberculosis. Well, then, in addition to that we have the question I shall have to consider, the question of passive immunity. Up to the present it has been assumed, and I think perfectly reasonably, in view of the enormous amount of work that has had to be done, that it is scarcely the time to consider passive immunity. That is the production of antipathies in some other animal other than the human subject, and the transfer of these antipathies, these curative substances from this other animal and the human subject. It may be that a temporary improvement may be obtained by a passive immunity, which later may be increased by active immunity, and we have no information at all upon these subjects, and until we are able to try this on animals of different degrees of resistance we shall not be able to determine those points definitely. We do not know at present the exact nature of tuberculin or the substances which are used, the exact value of those substances, how far the substances are of importance, how far the lymphogenic substances are of importance, and how far the real protective substances can be separated from these. Now all these points have first of all to be worked out in the laboratory and then they will have to be decided on animals, but I look upon them as of very great importance in the ultimate work that has to be done against tuberculosis.

1636. I suppose you would also consider the question of making cattle immune, important too?—Yes.

1637. As affecting the milk problem of the future?—Oh! very important. For example, we are working out a question just now. Dr. Griffiths has come across a case; I do not want this to be public, but it is of importance, and I think I might indicate how we never know when we shall be called upon to engage in special work. We came across some cattle that had been vaccinated some time ago. They were vaccinated with the human bacillus; there was very little effect produced and it was supposed these animals were protected. Some of them came to be killed. In one a small tuberculous nodule was found. It was evidently still somewhat active. From this active nodule the human tubercle bacillus was found, and that human tubercle bacillus may be found in the udder just as the bovine tubercle bacillus may be found in the udder of heifers which had been vaccinated. If that is the human tubercle bacillus, and there is very little doubt that it is, we have here a source of danger in inoculation. It may not be a great danger but there it is. It is a question that has to be considered. Well, on learning this I made inquiries and I found they found the same thing in Germany, that they had certain cases in which they had been able to trace the human bacillus in the bovine after inoculation. Well these

are points. Of course, they do not appear to be of very much interest. Until you came across them they do not seem to have great importance but they may be of very great importance in the dissemination of the human bacillus even quite apart from the bovine. That is a question that we are going to take up. Of course, as I said we can only take these up in a very small way, but they are there and there we have to tackle them.

1638. I notice you refer to some problems connected with equine tuberculosis?—Yes. Well at one time there was supposed to be no equine tuberculosis. I can remember the time when all these things were spoken of as "*lymphadenoma*." This *lymphadenoma* was said to be common in the horse; the tubercle was said to be non-existent. Then people began to examine them and then they found there is tuberculosis in the horse. Then it is found too that the tuberculosis in the horse is of an intermediate type, it is not exactly like the type that you get in cattle or in the human subject. It is found, however, that some of them are near the human, some of them are near the bovine, and therefore it comes to be an important point that we must get rid of tuberculosis from horses; we must get rid of tuberculosis in bovines and the human subject if we are to keep our horses free from tuberculosis. It acts and reacts so that all these problems are so complicated that I do not think it is possible to say definitely either no or yes at any point as to the importance of taking up an investigation on that special point.

1639. Now this research work which you suggest should be carried out either on a farm or in laboratories, do you think that should be carried out in close connection with a hospital with beds?—No; I do not think you can in close connection with them. I do not see how it is possible. I think not for this reason. You wish to leave those who are treating your patients as free as possible. You wish them to devote their energies to that special kind of work that is going to be of value to their patients, that is to an individual patient. These investigations, these researches are rather as to the general community than to the individual patient. You require specialisation; you require men trained, skilled, who can devote their time to the special investigation that they are going to undertake, and they must of course keep in touch with everything that is going on in the hospital. For example, on the Royal Commission we had a man who was constantly going from hospital to hospital getting material for us. That was brought out to the farms. It was there investigated and the man who had to do the investigation could devote his whole mind, his whole energy, to the solution of the definite problem for which material was gained, perhaps from 20 or 30 hospitals, not from a single hospital, because we found that the amount of material we could get from any one hospital for the solution of any one point was very small, but being able to concentrate the material from a great number of hospitals on the one place, as it were, we were able to bring in sufficient material to gain a general outlook rather than a narrow and specialised outlook on the work of any one hospital.

1640. In carrying out its work the Royal Commission, I gather from what you said, was in close touch with hospitals and got a great deal of material from these hospitals?—From these hospitals, and the hospitals were exceedingly good in letting us have the material.

1641. (*Dr. Newsholme*.) I take it that you have no doubt at all that there are two sources of human tuberculosis, bovine and human?—I have no doubt at all.

1642. So far as you know there is no other source beyond those two which is of any practical importance?—No.

1643. Then I take it that you would also agree that administrative action against these two sources of infection should not wait until further research is made?—No, I think not.

1644. We should agree, should we not, that there is ample knowledge at the present time for effective administrative work against both bovine and human tuberculosis?—Well I should say there is ample evidence to justify administrative action being taken at once, if I might put it in that way.

1645. I notice that in your memorandum, if I may say so, you rightly attach great importance to the human infection from cases of tuberculosis having expectoration or other forms?—Yes.

1646. You attach great importance to minimising the amount of infection possible to receive from them?—Very great importance.

1647. You regard that as an essential part of any preventive measures against human infection?—Yes.

1648. That leads up to the question as to the importance you attach to the influence of dosage in infection. I gather from the reports of the Royal Commission, and from detailed experiments, that dosage does play a very important part in the efficiency, what we may call the efficiency of the infection?—Yes.

1649. I think the trend of the evidence is to that effect, the experimental evidence?—I think not only the experimental evidence but the general evidence all goes in favour of that.

1650. You would agree, would you, that not only the experimental evidence but the epidemiological evidence points to that conclusion?—Yes, and I think one of the reasons why we have been making progress in cutting down our death rate in tuberculosis is that the various sanitary regulations, the work that has been done by various sanitary and health authorities, has contributed largely to the cutting down, as it were, to the minimising of the infective agent in its distribution.

1651. You would regard that as one of the main elements which has brought about the best success in the reduction of tuberculosis?—I think it has been a very important element.

1652. That brings me to the point as to the questions which were asked you about susceptibility rather, and the powers of resistance so far as cattle and large animals are concerned. Did you, in your experiments, find an enormous difference between animals as to the susceptibility to give off the infection?—Amongst cattle?

1653. Amongst cattle?—Amongst the large animals, yes.

1654. Yes?—If they were healthy cattle they always required a fairly large dose, if they were healthy cattle.

1655. As far as they were concerned the dose and infection was perhaps the most important element?—Probably the element; probably individual susceptibility we thought in certain cases might make a difference. For instance, we could get a slightly different result in one where we took two. One was evidently a little more resistant than the other.

1656. Might I take the case of children? You would, I have no doubt, support such means of minimising tuberculosis amongst children as open air schools, sanatoria, and seaside resorts?—Certainly.

1657. But you would regard that as a one-sided measure if it did not go alongside the removal of the source of infection which had produced the disease in these children?—Certainly.

1658. You would say, undoubtedly, although importance may be attached to means of increasing resistance, very great importance must also be attached to the means of minimising infection?—Quite so.

1659. Have we any evidence that when we increase the resistance of the child or a human being that increased resistance lasts permanently; have we any means of bringing about a permanent increase of resistance, do you think?—Well, I do not believe that we can increase, make permanent increase in the resistance of a child, except that we enable it to pass over a certain susceptible period. I think that one of the great mistakes that has been made especially by those people who have not followed the matter carefully, is that they say "You have not cured people in sanatoria." Taking that as an example, "You have put your patient into a sanatorium, you have helped him to recover to a certain stage and then he has gone back to the old conditions, to the old devitalising conditions and of course he has taken tuberculosis again." There has been an extension, it may be, from an original focus, but you have put the patient into a condition that instead of gradually getting rid of the tuberculous material, he is being gradually got rid of by the tuberculous material.

1660. May I put this point to you? One hears the remark made that the infected material in tuberculosis is practically—therefore preventive measures must be directed rather to resistance than minimising infection, would you accept that view?—No, I should say of course we must increase the resistance and do everything we can but at the same time we must minimise the infective material, bring it down as low as possible.

1661. In effective doses?—I think there is a great aid.

1662. In the environment of the tuberculous person?—Yes.

1663. You draw a very practical distinction between those two things?—A very marked distinction. I know I can go and work under conditions that many of the young men say who come up to the University, who are working hard, who perhaps have not taken the care of themselves that they should, I know perfectly well that some of those men will succumb to tuberculosis, whereas others that are in a better state of health, take myself, I know I could pass through that infective zone without experiencing any very serious damage.

1664. Now turning to another point, the value of the farm as to questions of immunity. I am not by way of wishing to deny that or minimising it, but I want to put to you the immediate alternative to other means of raising resistance to tuberculin by experiments properly graded and efficient experiments on patients by tuberculin products and other products in connection with hospital wards. Is there not immediately open to the Committee if it chooses to make the recommendation, a very large amount of scientific work to be done in raising the resistance and increasing the immunity of tuberculous patients?—I think that that has been done and I think perhaps even too much has been done even at the present day. I have been making inquiries from different people who are using tuberculin and I find that they have practically no agreement amongst themselves as to the method of using tuberculin, I believe that a great deal of damage is being done.

1665. I accept that, but is it necessary? That is because the death rates are not co-ordinated. But would it not be practicable under a suitable organisation to arrange for experimental arrangements to be made on systematic lines for treatment, with different proportions with different doses, and after a long series of observations to get careful comparable results?—Excuse me saying so, do you not think that should be done by those who are in charge of hospitals?

1666. Clearly?—Let us take for example the question of whether reaction shall be gained or not. There are those who maintain that a reaction, if you gain any reaction at all, should be minimal. There are others who are working on the line that you must get a certain distinct reaction or you are going to get no good at all. Well personally I believe that the second group may be doing a very great deal of damage. I am now speaking simply from the experimental point of view.

1667. But may I put it this way; suppose you were precluded from having a farm at the present moment and had to devote experimental money to research on patients, could you not devise to the advantage of the Committee a system of research which might lead you direct to greatly improved means of treatment by that process?—Well, there I think, that if you are to localise it into a special small department you are to lose a very great deal of the value of your investigations among your patients in the wards. I am speaking now of the treatment of your patients. I look upon what you are saying now as really associated with the treatment of patients and you cannot sacrifice the interest of the patient, or the few patients, more in any department of that kind than you could in a general series of hospitals.

1668. You remember the test of soda in zymotic fever. I remember it very distinctly, and I took part in the first experiment upon it. Now was not that big experiment on patients in that hospital justified by the great improvement in the cure of the patients?—Quite so.

1669. And could not other experiments be made in the same way?—That was carried out by a doctor in

charge of the hospital. There was no special apparatus, nothing special; it was all carried out by the doctor in charge of the hospital and he felt that he was justified in the treatment of the individual patient.

1670. You are the scientific expert; would it not be for you to make all the necessary examination of the secretions and examinations of the waste blood and so on, so as to make an absolutely scientific experiment, while I as the responsible physician in charge was doing my duty to the patients. Is it not possible to combine the two functions?—It is quite possible. You will excuse me putting it perfectly plainly, are you to set aside a sum of 40,000*l.*?

1671. I am not suggesting you are to do that?—No. Excuse me, I am speaking of the research grant, you see.

1672. Quite so?—We hear you have a sum, small enough in all conscience for the amount of work that has to be done, and I should be very jealous of putting any of that aside when there are so many larger sums available which are not ear-marked. I still look upon it as very, very bad policy, to put it plainly, to take any of the smaller sum and set it aside for work in the hospitals for such work as that you mention.

1673. Your policy and mine are not mutually exclusive; I am only meeting your point, which will exclude such hospital research. You mentioned just now that undoubtedly a considerable amount of human disease is due to bovine infection?—Yes, I think so.

1674. We have it in evidence before us that that is so, and I think you agree?—Yes.

1675. That being so, given a case of child tuberculosis and given that you wish to investigate every case of child tuberculosis in this country as to whether it is bovine or human that work can be carried on in the laboratories apart from a farm and successfully carried on, the evidence I am speaking of only?—Up to a certain point.

1676. For practical purposes it can be done. I am informed you were mentioning just now Mr. Stiles' results?—Yes.

1677. He was here yesterday and he gave us percentages showing a large amount of bovine infection?—Quite so.

1678. Now, the Chairman asked you as to the value, whether that could be worked back so as to give you the source of bovine infection got on the herds where it occurs; do you not think that must be done?—Oh! I think it is possible.

1679. And if by that means you are able to stop the supply of milk from those cows you would be doing a very admirable preventive work, would you not?—Yes.

1680. I think you agree with me at present there is sufficient legislative power to carry out that work satisfactorily?—Yes.

1681. In other words a milk bill is needed?—Very much needed.

1682. And possibly compensation for cattle as well to get sufficient driving power?—Yes.

1683. That being so, I come to this point. As far as bovine infection of human beings is concerned we have the means of diagnosis available at the present time?—Yes, in most cases.

1684. (*Chairman.*) May, I ask why in most cases because I noticed just now you qualified your reply?—Because we found, and in fact we have carried on since that, there are certain doubtful cases in which we almost invariably use calves. In most cases I think we can decide fairly accurately whether you are dealing with the bovine or the human. We found in connection with the work of the Royal Commission, and we have since found, and unfortunately it has been a very great trouble to us, that we have had to get calves to determine a few of the doubtful cases, and I think at present Dr. Griffiths has at our farm in Cambridge a house full of calves which we have had to obtain although we thought we might be able to do without them.

1685. That is to say in certain cases you could not determine on guinea pigs?—Rabbits.

1686. Or rabbits?—The rabbit is the best for all ordinary work.

1687. (*Dr. Newsholme.*) I put it in this way, that in the large majority of cases bovine can be distinguished

from the human bacillus by research on rabbits and guinea pigs?—On rabbits—yes.

1688. I will ask you supposing that were done in every case of child tuberculosis and supposing that the subsequent administrative action were possible in connection with every farm in the country should we not then be in the position of extinguishing bovine human tuberculosis in this country?—Yes, I think we should have gone a very very great way to it, because I believe in 95 per cent. of the cases you could distinguish between them.

1689. Then without any further research I want to put that—and frankly I am not against research. I am very much in favour of it—by means which are available at the present time and which can be made available during the present session of Parliament; assuming Parliament finds time for it, and then the subsequent application of these means, it is practicable within a small number of years to extinguish entirely human infection derived from bovines?—I should not like to go quite so far as that, beyond this, I believe that we have at the present time, as you say, means at our disposal that are of enormous value in carrying out this work. I agree absolutely that something should be done at once. I believe that it would be followed by a tremendous improvement.

1690. We agree on that 95 per cent.?—Well, I should not like to say 95 per cent. but that it would be an enormous improvement. If I were to say that there is nothing else to be done I should be going beyond my proof because I do not know. You said we should be able to exterminate tuberculosis completely.

1691. Please remember I am putting my hypothesis after all the necessary administrative action, veterinary, and medical and public health was taken as the result of the knowledge. I embraced all the possible administrative action that could be taken with increased powers and plenty of money?—Well, I certainly could agree it should be done at once because I believe it would be of enormous value.

1692. Now turning to another point, then we come to the question of human. You agree that a large amount of infection is due to human sources, not derived ultimately from bovine sources as far as we know?—Yes.

1693. Then, as I gather from you, one of the main objects of farm experiments will be with regard to this what you call unsuitable organizations, transformations, and so on, working out their life history?—Yes, a certain portion of that work would be that.

1694. That is a matter of very great interest?—Yes.

1695. But in view of the fact that we know that a large amount and the two practical sources of infection are bovine and human, I take it we should agree that this question of transformation of varieties is rather academic than practical?—Well, it is just because we do not know the limits of it that I look upon it as important, and because, as Dr. Newsholme puts it, it is academic, that I look upon it as being important, because we do not know exactly how far we may go in other directions.

1696. I put it to you that it does not matter a halfpenny how far it may go in one direction or another from an administrative point of view, if, as I suggest now, suppose all administrative action against bovine infection were taking place, all administrative action against human infection?—Well, no, I should not quite agree with you there, because, let us take another disease; we know that there are certain animals that will carry a disease without showing any great effect from it. Until you can get rid of all the possible sources of infection perhaps not producing disease in other animals, until you understand how you can get rid of all this, then, although we have got rid of the human and the bovine, we may still have a reversion to these animals from those sites or from those animals, only we do not pay much attention to it at the present time. For instance, in the tsetse fly disease there are a great number of animals in which it will never give rise to disease, but still they are a constant source of danger to every new animal that comes into the disease. A rat will carry the tubercle bacillus for an indefinite period, but it does

not give rise to any special lesion. You do not know that it is present until you kill him and examine him, but he may be a source of danger to other animals. In that way I look upon that as of more academic interest, because we do not know how that group of animals may affect the human on the one side and the bovine on the other.

1697. I think your answer, if I may say so, after what we have already agreed to, is not altogether consistent with one statement you made to the Chairman. I took it down rather carefully. The improvement of our means of prevention and treatment of mankind depends on further experiments. That may be so, but what about prevention?—Excuse me; I did not make quite such a strong statement as that.

1698. I put it down in that way, and I thought I took it direct from your words?—Perhaps the “improvement.” You put in “improvement” there.

1699. The question of the improvement of prevention and treatment?—Amongst those in which farm experiments must come in. If I were to say they were entirely few the farm experiments I gave a wrong impression.

1700. I am much obliged to you?—The farm experiments must come in in connection with that.

1701. You wish to separate much more definitely the means of investigation in hospitals, in connection with hospital beds from the means of investigation from what you call the semi-academic line; you are much stronger on the semi-academic line?—I do not wish to separate them, because they cannot be carried on without co-operation with the hospitals.

1702. You do not lay as much stress on the investigation to be done on the bodies of patients in the course of illness of patients?—Knowing what I do of tuberculin I should be very cautious about experimenting very much on patients.

1703. (*Chairman.*) On human beings?—On human beings. That is my feeling. I may say that at the very outset I felt that the tuberculin—in fact, I write in connection with it—that the tuberculin was a dangerous weapon, that it was a very useful weapon under certain conditions, but that until we knew more about its action, especially where reactions are produced, that we might do a very great deal of harm. That was when it came out first.

1704. You mentioned the other case the use of statistics which is quite on all fours with your evidence with regard to the separation of hospital investigation from farm investigation. You would have one set of men collect the figures and another set of men to work them up, who would be experts in higher statistics?—Yes.

1705. Do you think you would be likely to get good results by separating the two functions like that, satisfactory results?—If you were to have the whole of the statistics available and after all there is a great opportunity that must be done in the hospitals themselves.

1706. But you would agree with me that the experts who would have subsequently to deal with the statistics must have a guiding voice in the method of compilation?—Yes; otherwise they would be useless.

1707. (*Dr. Leslie McKenzie.*) About the heating of milk. Pasteurising and sterilising, can you give us any information about the anti-scorbutic effects of sterilised milk. That is a point which is made a great deal of. Practically it makes one hesitate to recommend it administratively on any large scale?—Well I should not like to give any, because I have no personal acquaintance with it. That is really a question that will have to be settled by very careful investigation and I have really not many data yet.

1708. You would not regard it as settled?—I should not regard it as settled; not by any means.

1709. So that until the question is really settled it is not perfectly legitimate to recommend pasteurisation and sterilising as a sound method of making up for any defects of milk?—I should always look upon that as a second best, as never a best, always a second best.

1710. The question becomes very important. We might be doing as much harm in the one way as we are preventing in the other. On the notification of non-pulmonary tuberculosis you would agree that it would be desirable. You found it entirely on the infectivity

of cases. I should like to put it to you that under the Insurance Act we get rather a wider view, if possible, for it says without limitation all tuberculosis and any form of tuberculosis; that it shall be lawful for a local authority to provide treatment, both in hospitals and outdoor for all forms of tuberculosis?—Yes.

1711. That involves incidentally, of course, a certain quantity of notification without any special obligation or any order; but would it alter your view in any way as to the desirability of it. Do you not entirely uphold the desirability of it, that mere matter of the infectivity?—I think in my original answer I qualified my first statement, that one as regards danger, the other as regards the general interest, not only of the individual, but of the community.

1712. But on both grounds you say it is desirable?—Yes.

1713. Can you guide us in any way as to limitation; would you talk of notification merely on a Von Pirquet test; would that be a fair practical ground, assuming that at certain ages it would bring about 40, 50, 60, 70 per cent. of the child population?—Well, it might bring out very much more than that.

1714. But would not the excess notification, so to speak, tend to spoil the administrative value?—I think it would.

1715. You might just as well take everybody as notified?—Yes.

1716. Can you suggest any speculative limitation that would make it of more practical value than that?—I am assuming that it is only these cases in which there is any doubt that the test is applied, that a test of that nature is applied, and if you doubt and then get a positive reaction, then I think you would be justified in notifying, but if you are to test everybody by Von Pirquet, and then notify everybody as tuberculosis cases, then I think you are not helping the administrative department in carrying out their work.

1717. In fact, what you would put stress on is clinical non-pulmonary tuberculosis, as detected by ordinary clinical means, all verified where necessary by Von Pirquet?—Yes; I should say that would be a very reasonable, and at the same time a very useful method.

1718. You made some remarks about the channels for the distribution of money for research in Germany. How is the money generally administered in Germany in the special things that you refer to. You said that it tends to over-control the researcher, so to speak. The great bulk of the work is being done in the *Gesellschaft*, which is, of course, entirely a Government Department; it is a Government laboratory; it is under a Government head, and all the men are selected, and, of course, I consider it is a very great drawback to Germany, but all these men are dependent for promotion upon the work they do. They are too dependent. I do not think that is dishonest. I should not like to say that for a moment, but there are, as it were, circumstances which make the men rather fall in with the official view, rather than what he actually finds.

1719. And would you suggest that a part of that bad result flows from the fact that they are too much under the direction of one man?—Of one man, yes.

1720. So that if we are going to have real freedom of research would you consider that it was a desirable thing to have one Director of Research for the whole country?—No; I do not think it would. I do not think it would be advisable unless as an adviser. For instance, I think that some of the money will be very, very appropriately spent in that way. I think there are certain points that the administrators wish to be settled, that these points should be settled, but that the addition to that, there are a number of points that have to be gone into where those are not directly concerned, but there will always be a tendency to keep the money, as it were, along one line. Now a department must be careful. It must always get results. It cannot afford to spend money from which they do not expect to get results. Immediately they are criticised, denounced, and naturally the money is there to be spent for a definite purpose. But if you have a certain amount of money that can be spent without, we will say, the certainty of getting a direct return, then people will be able to branch out a little on lines that may give excellent results if they are

successful, but may be entirely negative if they are unsuccessful. You may have to come back to your original starting point. Now a department has no right to do that because having a certain amount of money that must be spent to get certain definite results. I will not say definite results, but to settle a definite question. But if you have a certain amount of money that is free you get, as it were, a greater venturesomeness.

1721. Under the Insurance Act as you are aware there is a whole series of public departments involved?—Yes.

1722. Primarily there is the Insurance Commission, which has the control of the whole of this research money?—Yes.

1723. There is the Local Government Board which is brought in in various connections and is involved in the investigation of excessive sickness and the approval of sanatoria and so on. There is the Home Office, which is also involved in the matter of employment and unemployment and factories and mines and a whole lot of other industrial conditions. There is the Board of Trade indirectly existing as an administrative board. That has also certain duties not directly under the Insurance Act but indirectly in the matter of food and so on. Apart from all these, apart from the Insurance Act you have the Registrar-General which in itself is a great Department of State, necessarily a Research Department as well as a collecting department. Now under the Act the Insurance Commissioners are brought into contact with all forms of sickness and disability, all cases of sickness and disability?—Yes.

1724. They are therefore thrown up against a whole series of important problems not limited to tuberculosis, although that is a very important one, but to all forms whatsoever. That results from their having to provide for the cost. The Local Government Board, on the other hand, has the whole problem of the relation of the individual, and the environment and the prevention of disease through the individual, which you describe in detail. For one disease there is a whole group of things arising out of their duties, a whole group of researches. The Home Office has the whole organisation of industry throughout the country; you have the whole group of researches arising out of their duties?—Yes.

1725. The Board of Agriculture has charge of the Fisheries and that is an immense part of the food environment and involves all the matter of shell fish; for example, and everything that comes out of the sea as well as every living animal on the land that forms food. There is a whole lot of researches springing out of those?—Yes.

1726. The Registrar-General is a general collector of deaths and so on, the problems of that kind. Do you think it is advisable to dissociate from each department for research purposes the special problems arising out of its own work and involving the most detailed and scientific research or would you concentrate all that in a single central institute which is entirely out of touch with the carrying out. I would like your view on the matter because you indicated that you would have some central organisation. Probably most people would agree with you, we want some central organisation but the point is, in view of this huge mass of problems created by departmental activities, would you dissociate the problems from the departments or what would be your view?—I do not think they can be dissociated.

1727. I put it otherwise, would you consider it an advantage that as the work is really specialised already roughly on great lines by the existence of the whole of those departments it would be any advantage to use one laboratory in the country here, another there, according as the conditions are more pronounced or less pronounced, would it be an advantage to have that rather than to concentrate everything in one place in London?—I do not think it can be concentrated. As you say the problems are so varied and so various that it could not possibly be concentrated in any one laboratory.

1728. Take the whole question of mines for example?—At the same time, an advisory committee, at which a number of these points could, as it were, be controlled or concentrated for the use of the Insurance Commissioners might be useful.

1729. Well, now, this matter of the advisory committee—it is a matter of great importance—does that involve appointing, as some witnesses have suggested to us, a central superintendent of research through the whole country; all the research, that is, that would be organised through this matter of the £58,000 available?—Well, that is a question I should not like to give an answer to.

1730. Assuming, for a moment, you do not need to give your opinion about the desirability that there was a superintendent of research, as some have suggested, would that be any advantage to you in Cambridge, to Dr. Stiles in Edinburgh, to Professor Muir in Glasgow, to Professor Dunn in Aberdeen, or any other man who was carrying out special investigations; would it be any advantage to have any kind of superintendence that was practically from a central organisation, assuming all this immense variety of different researches?—No, because he could not be a specialist in all of them.

1731. You might have a committee to advise, but I do not think any single man can tackle a problem of that kind?—It is not a matter that I have thought of before, but it strikes one at the moment.

1732. It is suggested that different laboratories in the country might do different work and specialise it out?—I am afraid something of that kind would come to be very much what we were speaking of in Germany, that if you are going to get any one man or any one department controlling the whole work that is going on in different parts of the country, it is either going to be very restricted, or it is going to be controlled by a man or men who are not experts in each branch.

1733. It would tend, in fact, to sterilize research?—I am afraid it might.

1734. (*Dr. McVail.*) Following up Dr. Leslie Mackenzie's line of inquiry, what is your general view as to how this fund should be administered. You have made it clear that you do not approve of a Director of Research, but you do approve of a committee controlling it. You have told us that there was a certain amount of difference of view amongst members of the Royal Commission as to how the future work should be carried on, though there was unanimity as to the lines of work that ought to be followed, and you have told us that in Cambridge you have started some of the works, and I think, that as a research scholar somewhere, you have carried on some more of it; and then you have suggested a central organization with allocation of work to departments in the country, and you have said that there are different problems for the different countries, and you have told us about Germany, about the bad influence of experiments being done too much to order. All that, and then you have also said that whole time researchers are essential; you have told us that, I think. Well, all these facts bear on the question of organisation. Would it be possible for you to give us the benefit of your views? We have had most different views and really as a spectator I am very anxious to get my mind clarified as to what would be the best way of spending this money?—Well, first of all as regards the Royal Commission I think we decided that we could not give any advice as to what should be done in future as a Commission. Whether we are right or whether we are wrong it was not a thing which was referred to us, so we decided, that I think was unanimous ultimately, that we would not include in our report any recommendations as to what should be done in the future. Well then as regards the other points that you have raised there are so many of them that I should like to know which of those you think the most important?

1735. Well they are all incidental to the general question of what is the best organisation to establish for the purposes of the wise administration of this money; that concentrates the whole question?—Of course, I speak as you may say, perhaps, as a laboratory man and therefore I may be perhaps a little bit biassed. But here we have a sum set aside for research.

1736. What you think is not too much by any means?—It is not too much.

1737. Everything in this world has some relation to everything else but there must be some kind of

limitation on the use of the money?—Limitation, yes. Now I think this is such an important new step that I should like to see that set aside for definite research work. Now might I give a concrete example. Dr. Newsholme and I have had correspondence about this and it is I think a very good example. Sometime ago some work was being done in connection with the examination of water, as to the sterilization of water. I had some correspondence with the Developments Grants Committee and I was told, and I think perfectly justifiably, that the money that was set aside by the Developments Grants Committee was not for the special kind of research that I was undertaking and therefore I had to spend, I and those I got to help me, some 600*l.* or 700*l.* on carrying out experiments on the sterilization of water that were to be of very great value, and I believe will be of very great value ultimately. The Local Government Board, however, could not recommend a system that was, as it were, in the making. It was experimental and they could not recommend either, that I should get any grant from the Developments Grants Committee for that special purpose. Now, I should like to see this money set apart. It is only a small sum comparatively, and it should not in any way be mixed up with work that is done outside of the (at present we may call) pure experiment, so that when the time comes it may be said, No, that is not quite the kind of work we want to have done. I think the Developments Grants Committee were quite right not to give it, because it had not been assigned. But here we have a sum which is assigned to research more or less of a specific character, and I think it would be a great pity if it were not, as it were, ear-marked for that specially. As to the best method of distributing it, if the sum were unlimited or if there was a very large sum, there are a great many admirable methods of distribution that one could suggest, but the sum being comparatively limited I should like to see that sum set aside for the investigation of problems, if I might put it, in which no direct return may come, but which ultimately might lead to very direct return.

1738. Such, for example, as this question of the influence of the skin on the character of the tuberculous organism as developed; the question that came out when you were investigating lupus?—That may have an important bearing, we do not know. What I feel is that there is a very, very fine outlook as it were.

1739. You would concentrate to some extent the use of the money. Now what about the committee in charge? Have you thought at all in a detailed way as to the committee that is to manage the money?—No. I have not; it is not a point that was in any way submitted and it is not a point that I have thought of. If you were to ask me how I could spend 40,000*l.* advantageously I could tell you; at least I could give you my opinion. If you ask me for any definite ways of doing it I might be able to do that, but as to the very best way of spending 40,000*l.* on investigation when that sum is a limited sum, I do not think it would be right for me to say straight away what would be the best, because there are other things which would have to be equally considered.

1740. Yes, but of course the Committee have got to consider all opinions, and if one opinion is withheld because there are other opinions, then we will not have all the facts before us?—I should not like you to think that I am withholding my opinion, but I should not like to give an unconsidered or unguarded opinion.

1741. You agree on one thing that experiments on large animals are essential and experiments on farms are essential?—I have no doubt we must have these experiments if we are to settle certain questions. I should not like it to be assumed that the 40,000*l.* could not be spent advantageously in other experiments but I think those would be very advantageous.

1742. I do not quite follow you on one point. You said with regard to the scope of research, that it should not deal with diagnosis because that is administrative, and that it should not deal with methods of treatment because that is administrative, and then a little later on it seemed to me you rather departed from that and spoke of elaboration of methods of treatment and diagnosis as being included in research?—I think there is a very distinct difference between the two.

1743. Well, I am not clear in my own mind as to what the difference is?—First of all, you have the application of a method that is recognised or is accepted, to an individual patient, and then you have the study of that method, as to how you can improve it, how you can alter it, whether you can add anything to it, whether you are doing something that is unnecessary, that can only be considered apart from the patient. You have to take the best that you have for the patient, but you have to find out the best in order that you may have the best.

1744. That elaboration that you think is within the scope of research does not require beds, the elaboration of methods?—It may require beds.

1745. It may?—Yes; but you cannot carry it on in beds merely, and considering your patients as individuals. You may find that it is necessary to try something on the patients, but you try it first on animals. You make sure that you are not going to do damage to your patient before you apply it to your patient. I should not for a moment like to say that nothing is ever done in the hospital that has not been done on a patient before, because otherwise everything would stop, but we have to have a reasonable assurance that we are not going to do damage to our patients before we try any experiments on them.

1746. Yes; I think I follow. Then with regard to the possible extinction of tubercle, I gather that you are not so sanguine, that even if we could control human tuberculosis and bovine tuberculosis, yet we are within actual sight of extinction. I fancy the question of extinction would be co-relative to the question of origin of the tubercle?—I am very hopeful. I should not like it to be said that I am not hopeful. I am very hopeful.

1747. Of extinction?—Ultimately, only I say we must tackle every possible source of tubercle bacillus, and it is because I am so hopeful that I insist upon this so strongly. I have always been, for example, against looking upon the human source as the only source. Equally I maintain that if we are to get rid of tuberculosis finally we must tackle the human source; we must tackle the bovine source; and then, if there are any intermediate conditions we must get rid of them also. They might be lying in wait for our bovines and for our humans. For example, as I have said to Dr. Newsholme, it may not be more than 5 per cent. Still, we have to get rid of that.

1748. (*Dr. Philip.*) Just a question or two. Looking to the future, what do you think about the training of our students? Do you think that they require more special training than they have had in the past?—I think some of them will, others will not.

1749. What form do you think that training ought to take, I mean the additional training?—You will have to have a certain number of men who are more or less specialists. You will have to have the men trained in tuberculosis hospitals, and you will have to have men trained in methods of examination, you will have to have them rather more experts generally, of course, on special subjects.

1750. You think we want to limit the refinement, the extension of our training to men who are to become specialists?—No.

1751. You think there is some need of additional training for the general body?—I think it would be advisable. Of course, we are trying to raise it generally, quite apart from tuberculosis.

1752. Do you think it is advisable to have a special certificate or diploma of any kind?—I think it would be rather dangerous.

1753. You think it would be rather dangerous?—Yes.

1754. Do you think it desirable to have one special institution where training should be given in tuberculosis, I mean one central institution, or do you think it is desirable that it should be raised to a higher level in all the medical schools?—I think it should be raised to a higher level all round. You are going to have a large number of hospitals in which you will be able to give the special training that men require, but if they have a good foundation to begin with you are going to take these men as young men into hospitals, you are to train them there, and you are to train them for more responsible positions, because if a man becomes

too much of a specialist we are going to lose some of the value of his treatment. A man who is a specialist, of course if that specialisation is built up on a good general training, is a very valuable man, but if we are to make specialists from the very beginning we are going to lose a very great deal.

1755. (*Dr. J. A. M. Walker.*) I think you said that the German results of investigation equalled those of the Royal Commissioner, but their conclusions were different?—I think I said they were not so very different from ours as were their conclusions.

1756. May I ask for an instance?—Of course, it is very difficult to give a special instance.

1757. Yes, I know?—But taking the results of their experiments, for instance, many of their results as regards bovine and human tuberculosis are very similar to ours, but they say that the bovine—at least did say—in fact, we have had very great difficulty in getting them to acknowledge that the bovine tuberculosis was at all important.

1758. Was at all important?—Yes, we have had very great difficulty in getting them to acknowledge that at all. I think Dr. Phillip will bear me out in that.

1759. (*Dr. Bardswell.*) Referring to Dr. Leslie Mackenzie's point about the investigation of methods of treatment, of course as a clinician I am interested in tuberculin?—Yes.

1760. I understood you to say, that in your opinion the present method of administration of tuberculin and our present knowledge are very unsatisfactory. I agree; you do think that, do you not?—I think so.

1761. You would say that work on immunity in the human being is not quite justified; do you say that?—Oh! I think every physician who has varying patients must be studying the immunity.

1762. Now would you call that research or would you call that ordinary clinical routine?—Well, it depends on the man.

1763. Meanwhile how are we to improve our knowledge? It is unsatisfactory now. Do you think more work should be done upon animals before we do any more upon man?—Oh, dear no; I think that every physician who is treating a case, at least I hope, is watching the conditions and in many cases is modifying his treatment because of that.

1764. But do you not think that something may be gained for instance by trying to erect the antipathies in the blood, following different doses and different types, and different things of that kind?—I think a great deal may be gained.

1765. That cannot be done by the ordinary clinical man; does it not require a skilled bacteriologist in association with the clinician to do that?—But I am assuming you will have the assistance of skilled men in every hospital.

1766. But you would not call that research?—As I have said before, I do call it research but I should not like it to be looked upon from the clinical the regular work of the hospital. If there is to be a distinction of that kind made in the hospitals some people will say: "We will do no research." Now I hold that research should be done in every hospital, it should be part of every physician's work. He has so many cases, he is watching them carefully, and I should think any man would do that, and I should give him every assistance. I should look upon that as part of the administrative work of the hospital.

1767. You would not regard it as of sufficient importance for this Research Committee to devote attention to?—I think they should call attention to it. If I may put it—we are continually coming back to that point—I should think the amount of the research grant would be so small that distributed over the various bodies Dr. Leslie Mackenzie mentioned, or over the various hospitals in the Kingdom, the money would be frittered away and nothing would be done, and there would be dissatisfaction because some hospitals had got it and some hospitals had not, and it would be an excuse for the one man to do his work better than the other, or worse than the other. I do not say that it would but one knows that there are such cases.

1768. You rely upon the work of the existing laboratories to see the question through?—Oh, no. I say the Commissioners might give all the help if it were

looked upon as essential for the treatment of their patients, but if you are going to take a small sum and distribute it and say that that kind of work shall be done there where we give 500*l.*—well, you can only subsidise a very small number of hospitals in that way, and you will not get the same amount of work as if you say that every hospital shall undertake to do the work in the most efficient fashion possible.

1769. My point was that you would include investigations of treatment in the broad view of research?—I think every case that is treated should give results corresponding to those that one gets by what we call research.

1770. (*Dr. Latham.*) Are you satisfied with the present condition of clinical research in this country?—No.

1771. Do you not think that the present method of which an example was given of difference of opinion as to how to give tuberculin and so on, shows quite clearly that you want some other method of clinical research?—We want some other method of clinical training.

1772. With regard to clinical research does not so much depend upon what you mean by clinical research?—I maintain that everything should be put at the disposal of a physician who has to treat a case for gaining information concerning that case.

1773. Taking it on a wider scope, take a concrete question; some of the profession think that an injection of tuberculin which is attended by a reaction of one kind or another is definite evidence of active tuberculosis. Other people regard it as not sufficient evidence to entail treatment?—Yes.

1774. Well, now, that is a very important question from the point of view of diagnosis and from the State's point of view?—Quite so.

1775. I do not personally see how you are to get any further with regard to animal experiments unless they are in conjunction with clinical experiments, that you want some definite information over a large series of cases carried out by some people who have got the same information of the original data, before you are to come to any conclusion?—I think that ought to be done in the hospitals.

1776. It ought to be done under clinical conditions?—Yes.

1777. Well, then you take the question of the value of tuberculin in treatment; that must again be done in association between the clinician and the laboratory worker under clinical conditions, must it not?—Yes.

1778. The same way that the large question of secondary infection?—Yes.

1779. Unlike the artificial ————, Whether it is an efficient method or not, controlled by laboratory methods as well as by clinical methods?—I maintain that all these things ought to be done in the hospitals; it ought not to be necessary to set aside, we should call it research.

1780. I got you just now to allow that our present methods were wrong, at any rate, they were not satisfactory, we do not go very much further. For 20 years we have been dealing with tuberculin and at present by the methods we employ we have not got to any very satisfactory conclusion?—But we have got very much further.

1781. But do you not think we would get further still if instead of frittering money all over hospitals in the country we had a central institution where we had clinicians and laboratory workers working together in close association with a farm and so on. Money may be given to various investigations going on all over the country, but do you not think so far as clinical work is concerned, have it concentrated in one hospital. An *ad hoc* institution if you like?—I think that is quite a possible and perhaps a very advisable thing to do. I think it is quite likely that you might get very good results but I should like to see every hospital in the country so organised under this—it is a great opportunity—that information can be collected and be available for a central investigation.

1782. Supposing you had this central *ad hoc* institution, you got a little further in one particular line, you would then say we want this confirmed or reversed in a wider field?—If you began it in a small and tentative way, so that you do not consider a great

many things which may not be useful afterwards that is in proportion to the value of the money you have paid.

1783. You are controlling it in the initial stage?—It ought to be controlled very carefully, because if you go and spend a great deal of money, of very valuable money, on something that ultimately may not be of great value you might be wasting that money.

1784. It is not suggested or probably would not be suggested that the upkeep of these beds would come out of the Research Fund?—I am leaving that entirely out of count, I am only speaking of the general principle.

1785. (*Dr. Paterson.*) You were saying about the need for a Pure Milk Bill, that is going to be very much complicated is it not, by the supply of imported butter? Will not the Pure Milk Bill be complicated by the importation into England of butter containing tubercle bacilli. Have you ever thought of any method of dealing with that?—If we are going to get tubercle bacilli in our butter we must protect our butter. But I am thinking of the milk primarily and the things that are done in this country, but it is quite possible, of course we may have to protect ourselves after the bacilli introduced in the way. But I should say that it does not complicate the question, it only adds another thing to be tackled.

1786. You agree that it is a point that wants seriously tackling?—Well, I think if we are satisfied that a large quantity of butter containing tubercle bacilli is imported then we ought to attend to the matter, but I do not think we should let that interfere with our attempt to get a Pure Milk Bill quite apart from that.

1787. I think Sir Watson Cheyne the other day rather pooh-poohed the risk of infective discharges from bones and surgical tuberculous ulcers, and I gathered from you, you said there was a great deal of importance to be attached to such discharges?—Well I should say that those discharges are, as a rule, got rid of. I mean to say we do not keep discharges from surgical cases if we know that the material is there. But I think, knowing the conditions under which a great number of these people live, that unless they are in hospital there may be very considerable danger from discharge; I do not think we have any right where we are trying to get rid of a certain number of bacilli, and the more bacilli we get rid of the better, to neglect any simple source and if we think, and I believe that some get it in that way, then I should get rid of these.

1788. Do you think from your experience of past hospital work that people look upon these discharges with as much suspicion as they do on sputum?—No, I am sure they do not.

1789. My own view of it has been that we get a great number of nurses to treat; we do not get them from the consumption hospitals, and, of course, that might be the source of their infection?—Quite possibly.

1790. I take it from you that you think there are tubercle carriers just as much as there are typhoid carriers, and that the animals can be infectious and need not say suffer from tuberculosis and yet can spread the infection?—I think it is quite possible. For instance, rats and pigs. A rat is simply a reservoir of tubercle bacilli. If it gets into the animal going amongst pigs, well the pigs would take it and would manifest the disease, the rat would not.

1791. I did not understand what you said about sterilising milk. If milk has been brought to the boiling point do you not accept that that has killed all the bacilli?—Oh, yes.

1792. (*Dr. Mearns Fraser.*) You mentioned the case of a cow which had been vaccinated and afterwards had tubercle bacilli; those were human tubercle bacilli?—Yes, human tubercle bacilli.

1793. And the cow, I take it, was originally vaccinated with human tubercle bacilli?—With human tubercle bacilli. It was for that reason that it was important. It is only an academic question, but there it opens up a vista, perhaps a very important one.

1794. (*Dr. Niven.*) Would you consider the disease had implanted itself in the cow, human disease definitely implanted itself in the cow?—This was a vaccination case.

1795. Would you consider the cow simply as a carrier, or would you consider that the disease had definitely established itself in the cow?—There is no

doubt it had definitely established itself, because there was a tuberculous gland.

1796. (*Dr. Mearns Fraser.*) I think you said you regarded tuberculin as a very dangerous weapon, does that apply to every form of tuberculin?—Only a dangerous weapon when improperly used.

1797. Yes, quite so. Then would you regard, on that ground, the vast bulk as rather a dangerous thing to introduce widely into the country?—I should think not. It is on quite a different footing from the cow calmette system, quite a different footing. I think it is the least dangerous of any of them.

1798. Supposing when we are considering research now could you give us any opinion as to the most important thing to devote our attention to, the most important line to start upon?—Well, I think first of all we have to find out the history of a great number of these bone cases, these joint cases, and see the tuberculous meningitis cases. We have to get the history of these, we have to get the channels of infection, the sources, whether bovine or human, in what proportion. Then we have some further idea than we have at present. I think the main question is settled, but we have still to find out the relative proportion, say, the bone disease, the relative proportion in gland disease, the relative proportion in pulmonary disease.

1799. The relative proportion?—They have really no bearing on the actual administrative orders that are made at present, but they may have a bearing as to the ultimate steps to be taken in connection with the treatment of tuberculosis and with further administration at a later period.

1800. Do I understand you to be of opinion that pulmonary tuberculosis is caused by the bovine bacillus sometimes?—It may be.

1801. There is definite evidence to that effect?—Yes.

1802. You are basing your opinion on the evidence you gained on the Royal Commission?—That is as regards adults. As regards children I am satisfied I have got it on my own, but as regards adults the only evidence I have is that of the Royal Commission.

1803. Is that published, your own evidence?—Some of it.

1804. I should very much like to get it if you would let me have the reference?—Yes.

1805. In the Royal Commission there are only two cases?—Two cases.

1806. Two cases out of 28?—Out of 28 or 29.

1807. I do not know whether the question was asked but you would not suppose that 10 per cent., that works out about 7 per cent., does it not?—Yes, 7 per cent.

1808. That 7 per cent. of the cases of phthisis are due to that?—No; I should think not.

1809. It is just a question it is not big enough?—No; there are not sufficient cases to found a percentage on, at the same time they settle the question which, of course at one time was doubted. Now, altogether, I think there are four cases recorded in 800 and odd, taking the German and American and English cases, but it is rather a curious fact that two of them should be amongst the English cases. That, of course, is one of the questions which has to be settled.

1810. I know there is a good deal of difference of opinion between some of the German school and some of the English school, but I take it your conclusions are accepted as proving the case or are they not; is it still disputed?—I think it is except in Germany, and there are some of the Germans accept it also, but the official German reporters do not accept them though they have given way to us that bovine infection must be treated as much more important than they considered at first.

1811. (*Dr. Niven.*) I do not want to ask you very much, Professor Woodhead, but you are very strongly of opinion that cases of surgical tuberculosis, clinical tuberculosis should be notified?—Yes.

1812. And you base that upon several grounds, one that they are infectious in a certain proportion of cases?—Yes.

1813. You mentioned discharges from bones. Would you regard abdominal cases as much more serious sources of danger, in which the mother had to

deal with the faecal discharges of the infant. Do you not think that would be really a serious source of danger to the household that she has to handle things after attending to the child?—If there is laceration of the intestines no doubt it would be dangerous.

1814. That must happen in a good many cases?—Yes.

1815. On that ground I say there is a real source of danger in the tubercle of infants apart from pulmonary?—On general principles. I should like to see all cases notified.

1816. I was only emphasising your point that there was a serious source of danger of human infection. You also mentioned the point that it would enable you to ascertain where the infection had come from, what herds were infected?—Yes.

1817. Of course, the infection would be more at the preceding time?—At the preceding time, yes.

1818. But if you had got careful records of the tuberculous milk that had occurred in the district round about your own place then you would have a very immediate guide as to where the infection had come from?—Quite so. At present our difficulty is that, owing to the slow development of the disease, we are not able to trace the disease to its original source. We have no statistics, we have no descriptions, we have nothing in many cases to guide us at the end of six months what happened six months before, but if we had everything recorded and know where the tuberculous cases have been, know exactly what has happened in certain regions, then we can exactly put together a bacilli picture.

1819. My position is, I have the cow side of it, and I have not got the human side. I have not got the cases notified, so it is not possible to follow them up?—No.

1820. And that would be of immediate administrative value, would it not, to know what cases are of bovine or of human origin, because you would be enabled to see, to have a delicate test of what effect your measures with regard to milk was producing?—Yes.

1821. If you had a complete notification of those cases and could tell the human from the bovine, that would enable you to tell at once how far your procedure with regard to milk infection was successful, and how far it was not?—Yes.

1822. So that from that point of view it would be extremely valuable?—Yes, I think so.

1823. In fact, almost necessary?—Yes; I think the more one considers it the more one sees that notification is essential if we are to make any improvement, any rapid and complete advance.

1824. Then you mentioned that a number of problems had been left over by the Royal Commission. Those could be very well carried out at the great laboratories throughout the country. I mean those connected with universities, if the proper financial assistance and the requisite officers were supplied. I mean to say you have the proper research men?—It is entirely a question of finance now.

1825. And you could get the men best at the universities. I presume you would be in a better position at the great universities to get men, well-trained men, than you would in a central institution?—Well, you would have to get your men wherever you found them.

1826. The universities would be the places they would naturally be at?—At the Commission they came from all parts; we got them from all over, we got two from Liverpool, two from Cambridge, and one from Oxford.

1827. Quite, but if the work was started at the laboratories connected with the different universities where already a good deal of work was being done the start would be there and the men would be there?—Yes, of course, there would be continuity too.

1828. Perhaps there would also be the advantage of local financial assistance?—I should not anticipate that.

1829. Well, in Cambridge perhaps that would not apply?—No.

1830. Is there any reason why any of these researches should not be carried out in connection with your laboratories at Cambridge?—Well, we could certainly undertake a great many of them.

1831. Would you have difficulty in getting the necessary clinical material, human clinical material?—Well, we should have to get it from outside. As a matter of fact I was making arrangements for that yesterday.

1832. Would you succeed in getting it?—Oh! I think so, but not from Cambridge itself. For instance, we are going to try to make arrangements with Lincoln, Norwich, Colchester, places within reasonable railway distance. We are looking forward to getting clinical material from there.

1833. Still that can be done?—Oh yes. Oh! I think so.

1834. That is a difficulty that can be overcome?—I think so.

1835. And not one of very great difficulty if you have the laboratory and the men and the enterprise? Oh! I certainly think we could do it.

1836. Do you not think it is a great advantage to have different centres of research engaged in the same problems, vieing with each other. I do not mean precisely the same problems, but kindred problems?—Well, I state that at the outset, because I believe the problems are different in different countries. For instance, from what I have seen I believe the problem in Edinburgh is a different problem from the problem we have in the south.

1837. So you see great advantages in decentralising research?—Yes, to that extent, certainly.

1838. You mentioned about a Director? You would not, you said, have a Director of Research unless advisory? I do not wish to press you on that point but would an Advisory Director be very different from a Controlling Director?—Well, I should put it rather an Advisory Committee than an Advisory Director.

1839. And you think necessarily the Director would be a controlling element and that you think would not be good for research, with which I agree?—I think it might be very bad for research. It depends so much on the man, the amount of latitude he would give to those under him.

1840. What it comes to is that you would be in favour of an Advisory Committee?—I think so, but even the Advisory Committee I should say ought to give a certain amount of latitude to the people who are working for them.

1841. You mean that they would not interfere?—Yes.

1842. That they would determine, perhaps, in consultation with them the subjects of research which would be undertaken in consultation?—Yes, I think it that would be very valuable.

1843. You would not interfere with the research in its progress?—No, I think it might be advisable to do that.

1844. Would your idea be to assign a certain period that the Advisory Committee might assign a definite period through which the research should continue?—No, I do not think it could because of the difficulties. For instance, when we started the Royal Commission we thought we should get everything done in two years or three years at the outside. Well, we had not finished in nine or ten years.

1845. Then at the end of a certain period, however, you think it should be right they should call for some account of what was done?—Oh, certainly.

1846. There must be some limit?—There must be some control, oh! yes.

1847. But unless that limitation, you do not think the Advisory Committee should interfere with the men carrying on the research?—I think not.

1848. Dr. Philip asked you whether you would be against giving certificates of proficiency, a certificate, in regard to public tuberculosis, with the view to filling up the special posts which will have to be filled up under the Insurance Act, and you said, No, you would not be in favour of that course, but you limited that I think, by saying that you would first give the man a general training. You would not stunt his general training and you would then extend his general training?—Yes.

1849. But when he had finished his general training, when he had come to the stage at which he would naturally branch off into public health with the object of getting a diploma in public health so that he might prove himself proficient for that kind of

work, would you at that period of his life be against his being required to show that he had certain proficiency in regard to tuberculosis; for example, that he had had the requisite clinical knowledge, that he had been trained in the pathology of the disease, that he had been made acquainted with the different modes of using tuberculin up-to-date, and so on. Do you not think that would not be a bad thing to do as to require a man with some special mark of knowledge?—If it is for a special appointment the man would bring forward evidence of his capability to do that work, but one might almost as well give a man a certificate of proficiency in treating typhoid fever.

1850. It is rather larger?—It really comes to that if we are to take a separate disease and ask a man to be an expert. I do not see that you could not get all the information about the man that you wished to appoint, and, perhaps, you might in that way get a better man than one who had got a certificate, and who, perhaps, was not as satisfactory as one who was not so provided.

1851. I want to make good the point that I do not see how else you are to determine between one man and another. I do not see in what manner you are to select your officer?—In making any appointment you select a man on his training. We do at present for any appointment we are going to make. We say how has this man been trained, what is his experience, and so on. For instance, you want a man who is going to be a professor of bacteriology. They have appointed a man just now at Liverpool. There were 15 or 20 candidates. They got to know all they could about these men. They have not got a special diploma that they are bacteriologists.

1852. It is somewhat different?—Yes.

1853. (*Dr. Maguire.*) Just one question: I gather, Professor, that the decentralisation arrangement with regard to research would apply to Ireland which is a small country and a poor country; that is to say you suggest spending this money in the different laboratories in connection with the three universities we have in Ireland?—I should take it entirely as to the places where they could do the work. If there were facilities for doing the work there, if they were willing to do the work and enter into it thoroughly. I should say you might help very materially by subsidising or asking them to carry on certain definite parts of work. You could not do it in any centre where you had no laboratory or other facilities, it must be confined to those unless you start a separate department.

1854. It is practically impossible because of the funds available, I understand?—Yes.

1855. Would you subsidise the institution or would you subsidise the man?—Well, I think you would probably have to make arrangements to see how it best could be done. I should not like to say you should subsidise the institution or the man, but you are much more likely to subsidise the man than the institution. Otherwise you might have the money diverted perhaps to things that were not quite bearing on the subject.

1856. (*Mr. Stafford.*) Would you suggest that all this money for research should be devoted to the higher branch of research? You drew a distinction I think between clinical research and what we might call the higher form of research?—I should not like to say the other is higher than the clinical, it is only different.

1857. Well, it is a different class of research?—It is a different class of research. Yes, and I think it is such a splendid opportunity where you have money that you can apply to that one part. The other is always so easily obtained that I think it would be a pity to alienate it from that special kind of work.

1858. So your suggestion would be that we should give the whole of this money to the investigation of the causes of the disease?—Or see that it is used for that.

1859. And that what you might call clinical research could very well take care of itself?—Well, I think it ought to be taken care of in a different way; put it that way.

1860. But not out of this particular amount?—No.

1861. The whole amount should be devoted to that?—Yes.

1862. You would require your farms and your bovines and your laboratories?—I am speaking purely from the point of view of the laboratory man. I see what can be done. I see what little there is with which it can be done and I am very jealous of it going in any other direction. I say so frankly.

1863. How would you have that form of research organised, who would give the ideas to be followed out; from what source would you get them?—Well, as I said before a certain amount of that work ought to be carried out in connection with these research grants that are already given by various departments. I think certain sums should be set aside to help in it, especially in connection with tuberculosis, that in addition to that there ought to be certain researches started, perhaps by experts who see the bearings of these experts on the points in question, and if a man satisfies the Committee that the research is going to be of value then it should be said: "Well now, you carry that out; how can it be done; carry it out."

1864. Yes; but the expert himself is not a person who ought to suggest the line of research, is he?—Oh! I think the expert himself may often suggest lines of research.

1865. But he is not to dictate the lines of research?—Of course he cannot dictate because the money is held by the Committee, but if he can satisfy the Committee that the work is valuable, then I should say they ought really to allow the expert to carry out the work.

1866. Quite, and no doubt he would have a good deal to say to the suggestions?—Yes.

1867. He would not really dictate the lines of research broadly?—Well, as I say, he cannot dictate; he is in the position he can only suggest and accept.

1868. You contemplate that he should be in the hands of the Committee?—No, I think he should not be in the hands of the Committee after he has once got started.

1869. Who is to regulate the lines of research?—The insurance commissioners, of course, primarily, must be satisfied that they are going to get results from any research that is suggested, otherwise they would not be justified in making any grant.

1870. The insurance commissioners from your knowledge would hardly be capable of doing that class of work?—I am assuming they would take advice as they are doing now. They are taking advice from you as a Committee.

1871. They would have to have somebody to succeed us?—Naturally.

1872. What sort of an Advisory Committee should you recommend?—There, I have not thought the matter out sufficiently carefully.

1873. (*Chairman.*) You mean to say you would favour the general principle of an Advisory Committee, but do not want to go into details as to its composition?—As to its composition, the Insurance Commissioners are not experts.

1874. (*Mr. Stafford.*) There is no reason why they should not go to the Local Government Board for advice?—There, again, I should say they would get advice specially on matters where the Local Government Board was specially concerned, but I should not look, even though Dr. Newsholme is here, upon him as being an expert in every part of the question, or as being able to take a complete outlook as to what might be done. Dr. Newsholme and I might disagree on certain of these points. I say he should be on the Committee, because he knows what the Local Government Board requires, but I should not like to place the whole of it in the hands of the Local Government Board, for example.

1875. You know he work that the Local Government Board are doing already?—Yes, very admirable work I know.

1876. Very high class work?—Yes.

1877. Is there any reason why the tuberculosis investigations should not go on the same lines?—Well, I say part of it might, but I gave reasons before why I think the whole of it should not, because I do not think the Local Government Board are justified in recommending anything that they do not expect an immediate return for, or on any question on which they were not wanting immediate information. I think

they are justified in asking for all that, but there are things outside which are not of immediate importance to them. They cannot expect an immediate return for the money, and, therefore, they would not be justified in recommending it to be done when there are so many other things to be done at the same time. I think there ought to be certain things outside their jurisdiction so that they would not be tempted always to apply that money to things that they wanted immediately. All the other money must be given to that, directly or indirectly, but this research I look upon as something outside that.

1878. (*Chairman.*) Before you go I have been asked by a member of the Committee to put another question to you. In your opinion could an annual sum of 5,000*L.*, roughly, usefully be spent on one experimental farm with laboratories in connection with it?—Oh, I think it could be usefully spent.

1879. As big a sum as that?—I think a much larger sum might be usefully spent.

1880. On one farm?—Yes.

1881. Would you say 6,000*L.* or more?—I mean to say it is really a question that one could not answer as regards any definite sum.

1882. But as regards that particular sum you think that that could usefully be spent on one farm? Well, I put it this way: I wish I had it to spend.

The witness withdrew.

DR. H. J. GAUVAIN, M.A., B.Sc. (Cantab.),
MEDICAL SUPERINTENDENT OF LORD MAYOR
TRELOAR CRIPPLES' HOME AND COLLEGE (Alton,
Hampshire), called in and examined.

1883. (*Chairman.*) I shall begin by saying that this is an informal discussion, it is not question and answer that will appear in a Government publication, we ask you just to come and have an informal discussion with the Committee, and if after that you wish to revise your memorandum as the result of our talk, you will have an opportunity of doing so?—Thank you.

1884. I rather felt after reading your memorandum that you have dealt so very fully, if I may so, with the points, that there is very little that I should like to put to you; there are only one or two things to bring out generally. You have dealt with non-pulmonary tuberculosis, have you not?—Yes.

1885. And you wish to emphasize the fact that it is essential to have special institutions to deal with this?—Yes.

1886. And that these institutions should be situated out of town, either in the country or by the seaside?—Yes.

1887. Or even by the seaside away from the seaside town?—Yes.

1888. You also bring out the point that surgical tuberculosis is not only a matter of infection but is a great disease and outlet to be treated as such?—Yes.

1889. And you emphasize the need of strengthening the general natural defensive forces?—Yes.

1890. You also say it is essential to have a specialist in charge of the institution?—Yes.

1891. What is the largest number of beds you would have under a specialist: what is the maximum in such an institution?—Well, if it is a question of economy, that has to be considered, I think the largest number possible from the point of view of administration. It would be much cheaper to have a very large place and one thoroughly competent man at the head of it than to have a number of smaller places, and I should say about 1,000 beds.

1892. One thousand beds could be efficiently administered by one man?—With capable assistants.

1893. Of course with staff?—Yes; quite, I think so.

1894. But would he be sufficiently in touch with the patients?—I think so, yes.

1895. Then what would be the minimum, do you think?—The minimum?

1896. Yes; that could keep a man employed, with a smaller staff of course; how many?—Well, about 200 to 300.

1897. Now, should not such a country institution, in your opinion, be the branch of a town hospital, which should itself act as a clearing house. It has been put before us that you should have a hospital in a town where certain operations can take place, and the patients going to the country institutions should be passed, first of all, through that hospital. Is that your opinion?—No; emphatically no.

1898. Why?—I think that to the country hospital where the patient is to be treated, the patient should be drafted direct as soon as the disease is diagnosed.

1899. Where would you have it diagnosed?—At some central institution in the town, and the patient only detained there for diagnosis till the country institution can take the patient in.

1900. I do not know if you have read our Interim Report, where we deal with a tuberculosis dispensary?—Yes.

1901. Would you pass them through that for diagnosis?—Yes, I think that would be an excellent way of doing it. If the patient is taken into a hospital first, and there comes under the care of a surgeon, you introduce complication right away, because that surgeon might have very strong views as to treatment, and those may not be practicable in the country hospital.

1902. You would not have a surgeon in connection with your country institution?—No, I would not go so far as that. I think there are some cases where radical measures are indicated, but the case should be under the care of whoever is in charge of the country institution, and he should be the one to decide that.

1903. But originally the medical officer in charge of the dispensary should, in your opinion, decide whether it should go to a sanatorium or whether it should go to the country institution?—Yes.

1904. The treatment, I gather from your memorandum, is long; it takes a long period of time?—Yes.

1905. To be successful?—Yes.

1906. Have you many cases where there is a recurrence of the disease possibly when manhood is reached after apparent rest or cure?—Well, we have not been established yet for quite four years, so it is rather early to say, but I keep in touch with all the old patients as far as I can, and so far out of some 700 that I have had under my care, I have had, I think, about seven altogether that I have been able to trace, that have recurred or have shown signs that they require further treatment.

1907. From your experience would you say that an individual who had suffered from surgical non-pulmonary tuberculosis in his youth, acquires a certain degree of immunity to phthisis?—Well I certainly think that it is uncommon for him to get phthisis, but whether he has acquired an immunity because he has had non-pulmonary tuberculosis, I would rather not say. I am open either way on that.

1908. Children who have suffered from surgical tuberculosis, who have been efficiently treated, can they take their place in the labour market, can they become effective wage earners and support themselves and their families, considering the competition that they would have to meet?—Yes, undoubtedly, if they are taken in hand early.

1909. You mean as an early case?—As an early case, yes, and even the fairly advanced cases, in the majority of cases, if they are treated conservatively, can be so well treated that they are perfectly able to earn their own living.

1910. That is to say, from the point of view of State money, it is money well spent and usefully spent?—Undoubtedly.

1911. I mean they become efficient wage earners?—Undoubtedly.

1912. Would you like to put any information before us as to the cases of surgical tuberculosis, the relative amount of bovine or human infection?—Unfortunately I do not feel able to express any views on that because I have not made any investigations myself, and all I could say would be simply what other people have told me; I have not got any strong views on that myself.

1913. What steps do you take at all to give pure milk to your patients?—We inspect the dairy which supplies the milk. The milk is obtained locally and the cows are a tuberculosis free herd and the milk after it comes to us is pasteurised by us.

1914. How do you know that is a tuberculous-free herd; do you insist upon a test?—Yes. The cows are all outside.

1915. Do you have to pay more for such milk?—No, we have not.

1916. And in addition to that you consider it necessary to pasteurise the milk?—Yes; I think it is; I think it is desirable.

1917. Because it might become infected after leaving the dairy?—Yes and not necessarily that tubercle, there might be scarlet fever or other diseases.

1918. I am only dealing with tubercle now?—Well I think that would give you a sufficient certainty that the milk was free from tubercle, to give raw milk, but we do not do that ourselves, we always pasteurize it ourselves.

1919. Have you any experience of using pasteurised milk from an unknown origin?—No, none.

1920. Would you be prepared to keep surgical cases apart from phthisical cases?—Yes, undoubtedly.

1921. Why?—We have adopted that principle right through when we have any children. One or two children have come down with phthisis who have not been diagnosed at all, they have come down those two unhealthy, got I daresay, from the others. I have an idea which is simply an idea, I could not prove it, that it is a different infection altogether, I do not mean to say a different organism affecting them, but affecting them in some different manner. And I do know this,

that when bone cases have got lung tubercle as a complication, there are usually much more service cases and they are longer to treat, and the mortality I believe is considerably higher, where lung trouble complicates the bone trouble.

1922. You mean to say that a child suffering from bone trouble is more likely to contract phthisis if exposed to infection than if he did not have bone trouble?—I could not say that, but what I mean is this, that if he has both lung and bone trouble, his case will be a much more serious one, as far as I have been able to see, than if he had either lung trouble alone or bone trouble alone, if he has pulmonary and non-pulmonary tuberculosis both.

1923. Therefore, you would rather keep the pulmonary cases away, lest they should infect your surgical cases?—Precisely.

1924. There is a sum rather under 60,000*l.* available for research in the whole United Kingdom and roughly it works out at a little under 40,000*l.* for England alone, coming under the Insurance Act available for research. Have you any suggestions as to the lines of research or the machinery by which it should be carried out?—Well, I think that if any expert is working at surgical tubercle and that he can show with reason that he has some research which he wishes to undertake which would cost some money, and that he is a competent person to undertake it, a grant to him would be very valuable—a grant to any person who is competent to do it, who is practically working at those cases. Take for instance in my case, there are quite a number of problems that have arisen at various times which it would have been a great help, if they could have been solved for me, if there was some machinery by which I could get that work done, get that assistance, it would be undoubtedly a great help; I think it would be productive of valuable results.

1925. Could you indicate the nature of these problems?—Well, for one thing I have been working on spinal tubercle a great deal, and I am very interested in the matter of muscular spasm. I would like some anatomical research upon all patients suffering from tuberculous disease of spine. I could undertake that myself. I have not got sufficient subjects for it, it would take a considerable time, there would be a lot of literature to examine and so on beforehand. That is one thing that immediately occurs to me that I should like assistance in.

1926. As a general rule, should laboratories be connected with beds, do you think?—Yes undoubtedly.

1927. I mean, you think, there should be a close connection?—We do. We have a laboratory at Alton which is most useful. Until it was there, our work was seriously handicapped, until we had this laboratory. I think it is of very great assistance now.

1628. Are you satisfied with the results which have been obtained in the past by means of scholarships. Research money given for a year or two years in the way of scholarships, do you think that that money has produced good results?—I hardly feel competent to express an opinion on that, but I should guess that it would be very much better if money, say, at your disposal could be given for specified work. I mean to say, if I understand rightly, the scholarship money so given is given to men who have any special work to do of their own, and necessarily you lose the co-operation which would be so desirable. It is done for any special thing that might occur the them, for writing a thesis or something of that kind and the work is naturally lost, but if there were some system by which everybody working at tuberculosis on these lines could, say, send up to some Central Institution for example say: "I would like research done on such " and such lines; could you allocate some one to do it for me, or could you assist me in doing that, then I think very great help would be given and really useful work could be done.

1929. You referred just now to a central institution; do you mean by that a Government department that has the money, or what do you mean?—There are apparently two suggestions which have been put before us: one is that the money should be used to subsidise a large number of laboratories and workers, and the other is a central laboratory in connection with a hospital where some of the best men available should be employed.

Which of these two systems, do you favour?—Well, I should combine them. I think if you could have a central laboratory, and then local laboratories for each hospital, those working in conjunction with the central laboratory, you would get the very best results.

1930. You would advocate having a central institution?—Yes.

1931. Closely linked up with the various laboratories and hospitals through the country?—Yes.

1932. Would you advocate a notification of non-pulmonary tuberculosis?—Yes, I should.

1933. Will you explain why?—Well, I believe that if it were notified, people would realise the seriousness of it. If non-pulmonary tuberculosis were notified, people would realise the seriousness, and the sooner all the cases would come under treatment.

1934. When you talk of seriousness, do you mean the danger to the community through infection or the danger to the individual?—I mean the danger to the individual, because, so often in the bone cases when the disease is first diagnosed, the patient does not come under active treatment immediately; very often the patient is allowed to remain for a long time with inefficient treatment, and only when considerable crippling has resulted, or abscesses have formed, does the patient come under treatment in many cases. I think, if there was compulsory notification these cases would come under treatment earlier, and it would be better for the individual.

1935. Do you consider there is a danger to the community from infection from non-pulmonary tuberculosis?—No, I think, none.

1936. It is negligible if there is any?—Absolutely.

1937. (*Sir George Newman.*) How long have you been at Alton?—3½ years.

1938. Is that the age of the institution?—Yes.

1939. How many cases have you got there?—At present, 220 under treatment. There are 60 boys being trained.

1940. What is the age of cases under treatment, roughly?—They are admitted up to the age of 12, and they are detained as long as necessary.

1941. How many of them are under three or four?—I could not tell you off-hand.

1942. But roughly?—Oh! roughly, I should guess under four, about 40 or 50.

1943. Is it an advantage to have the children under four?—Yes.

1944. How many wards have you got?—We have 20 wards, of which 15 are in use.

1945. How many children in a ward on an average?—They vary from 20 to 12.

1946. Is that a good number?—It is not enough.

1947. Would you sooner have larger wards than you have at Alton?—Yes.

1948. Why?—For cheapness of administration.

1949. In what way?—Because, in this way, if you have a larger ward you can work it with fewer nurses, and it is safer for the children. If you have a ward, say, with 16 patients in it, and there are two nurses in that ward, one has got to be away off duty for a certain time, and then the other off; if you have a ward with, say, 50 patients in it, there will be really more to do any special work which may be done.

1950. It is a question of nursing staff?—It is a question of nursing staff, yes.

1951. Do you have difficulties in getting nurses at Alton?—None at all.

1952. I know Alton very well, but there are one or two points I want to bring out in your evidence. I take it, one of the principal things we have got to think about in children's institutions for treatment of surgical tuberculosis is the nursing staff?—Yes.

1953. How many nurses have you for 220 children?—Forty-five.

1954. What do you pay them?—We pay them 8*l.* a year the first year; 12*l.* the second, and 16*l.* the third.

1955. Where do you get them from?—From all over the country—anywhere.

1956. Do you train them yourselves?—Yes.

1957. Is that the best method to adopt?—Yes, undoubtedly.

1958. Now with regard to your premises, would you briefly tell the Committee what they were. They were

not designed for a tuberculosis hospital for children?—No; they are wooden wards radiating; two blocks of wooden wards radiating on a semicircle; 10 wards from each block. From the point of view of the patients' comfort they are exceedingly nice, but they are difficult to administer.

1959. Now compare them with Berwick, which is an altogether more elaborate institution from the point of view of fabric; which would you advise us to have, supposing we recommended that several institutions of this character should be created?—Well, I am quite sure if we were running Berwick within the limitations that we have in the way of money we could run Berwick much more cheaply than we should run Alton.

1960. Why?—Because everything is arranged for administration to be easier. There are large wards; you can get at the patients much more quickly, there is less distribution; there would be less waste of time.

1961. Then do you recommend an institution more like Berwick?—Yes. I think it is nicer for the patients to have smaller wards, but it is certainly costlier.

1962. Have you formed any opinion at all from your experience what percentage of children suffer from tuberculosis under 15 years of age?—No, I have not.

1963. Have you formed any opinion with regard to the percentage or degree of surgical tuberculosis as distinguished from pulmonary in children under 15 years of age?—No, I have not.

1964. Can you help us at all to form any useful opinion as to how many beds we require for children suffering from surgical tuberculosis in this country?—Well, only on the statistics available from France.

1965. Well what are those?—I understand that in France they have 2,500 beds at present which, I believe, gives a proportion of about one bed to every 8,000 of the inhabitants. Andrée estimates one bed for every 2,000 is required.

1966. One bed for every 2,000 children?—No, children and adults; of the population; that is the estimate that has been given by Andrée.

1967. (*Chairman.*) Is that supported by other people may I ask?—That I do not know. I know that they complain themselves of not having sufficient beds at present, and they have 2,500.

1968. You say they have 1 to 8,000?—That works out to 1 to 8,000.

1969. And they are not satisfied that that is enough?—They are not satisfied that that is enough.

1970. (*Sir George Newman.*) And I suppose on the population of England and Wales that would mean 20,000 beds?—I daresay; I should think it is quite possible.

1971. Then you have not formed any opinion really as to how many beds we require to deal with of surgical tuberculous children?—No, I have not.

1972. Do you think we have got sufficient at the present time?—No, emphatically no.

1973. What institutions have we got besides yours; there is none at all doing the same kind of work?—There is the Royal Sea-Bathing Hospital at Margate. There it is not quite the same, because it is rather more radical treatment than ours. Then there is the place called East Cliff House at Margate. Then there is a small hospital at Sevenoaks. I think they only have about 20 beds there, I am not certain. They have not any resident staff, in fact they have not any resident staff at East Cliff House in residence there. Then there is the Alexandra Hip Hospital. They have got 60 beds there. Then there is the Royal County Hospital near Liverpool, Haswell. Then there is a place at Bas Church. They have not any resident there, I believe. I do not know how many beds they have there; and I believe there is a place somewhere in Northumberland, and so far as I know that is all there are.

1974. What further accommodation do you think we require?—Well, I can only judge by the demands on our own beds, and I believe if we had 1,000 beds we could fill them all easily.

1975. You mean there are 750 children waiting?—No, they are not on our waiting list at present; there are always over 100 waiting.

1976. You have got 230 beds and there are 100 waiting?—Yes.

1977. What makes you think that there is need for 1,000?—Well, because we have to use now every possible means to keep off candidates for admission.

1978. Do candidates for admission come from all over the country?—From all over the country.

1979. What is the average length of time that your children stay with you?—Just under a year, but I think it would be a little higher than that.

1980. What is the maintenance charge?—54l.

1981. Per annum?—Per annum per head.

1982. I suppose you could not guide us at all with regard to capital charge at such an institution?—No, I am sorry I could not.

1983. You spoke just now of having a laboratory at Alton; what do you do in your laboratory?—Well, we take cultures of all the sinuses that come down, we examine hairs for ringworm, we examine discharges from the nose or the ear or the vagina, and we do ordinary blood examinations, laxide counts and that sort of thing, but we do not do anything elaborate such as *bisnerk animitis*.

1984. Do you do any research work?—Well, we are doing some research work now in co-operation with another laboratory.

1985. In the same district?—No, in town.

1986. With regard to after care, how do you follow your cases up after they leave your hospital?—Well, every patient is written to. Before the patient is discharged a full letter is sent to the parent or guardian saying exactly what precautions should be taken, and also the guarantor. Every patient sent down with a guarantor who guarantees the removal of the child, and the guarantor is also communicated with and any society who may be interested in the case, and also commonly the surgeon who sent down the case originally, if I have is reason to think he will take any further interest in it.

1987. Do you see any such cases at all yourself afterwards?—Yes.

1988. How do you manage that?—I come up to London every Tuesday, and see them in an out-patient department.

1989. Do they, as a matter of fact, return so that you may see them?—They return so that I may see them.

1990. They come to the out-patients' department?—Yes, wherever possible. Some of them will not come, but the majority of them turn up very well, and I wish I could make them all come.

1991. At the end of your very interesting evidence there is a statement about tables, but I do not find any tables. Where are your tables, Mr. Gouvain?—Well they were sent.

1992. There was one general sort of question I wanted to ask you. How would you describe your method of treatment at Alton?—Conservative.

1993. Conservative?—Yes.

1994. Now what do you mean by that?—Well, the avoidance of operation. In the great majority of cases, by conservative treatment I mean the patient is brought down and put under the very best general conditions. Every possible means of improving his general health adopted, and the local condition treated by immobilisation and rest. If abscesses are formed, those abscesses are separated, and operations are not performed unless there is some very real need for it. With certain exceptions, for example, tubercular disease in the ankle, if after, say, two or three months conservative treatment the ankle does not show signs of clearing up, then an X-ray photograph being taken and the disease being localised, say, I think it would be a good policy then to remove the astraphes. But in cases of hip disease or knee disease or spine disease, I do not think any operation is indicated.

1995. Do you think an operation is indicated with regard to glands, cervical glands?—I should much prefer myself not to operate in cervical glands.

1996. Would you say that your system of conservative treatment consisted in immobilisation with aspiration where necessary?—Practically so, yes.

1997. Is there any other institution in this country doing that as you are doing it?—No; I know of no one.

1998. You are the only one?—Yes.

1999. Do you recommend advising Government, with regard to institutions for surgical tuberculosis, they should follow your example or the example of the ordinary hospital?—Well, follow my example.

2000. Why?—Because it is best, I think.

2001. Now why do you think it is the best?—Because we get the best results.

2002. What are your results?—Our results are so far out of the most severe cases—our cases now, so far as bone tuberculosis are concerned, I should think are the most severe cases you could get—our mortality so far has been——

2003. We have got that on the note?—Yes, you have got that on the note.

2004. But what about cures. I do not much like the word, but what about complete arrests or cures?—Well, complete arrest of the disease in some 90 to 95 per cent. of the cases, that is to say, where they are discharged with no evidence of tubercle at all, except in some cases there may be some deformity which cannot be corrected left, but otherwise they are able to go out into the world, and as far as one can tell they are just as healthy as anybody else.

2005. Do you consider that there is any immediate need for research with regard to surgical tuberculosis for children?—Well, there are always points that are arising.

2006. But is there anything at all comparable to the general pathological questions which are awaiting research?—No. I think there is room for research on the tuberculosis abscess, and I think it would be very valuable to do research on the reasons why the local lesions appear, and more particularly why fresh lesions arise.

2007. Do you think an institution of your kind for the treatment of children should be at the seaside?—No, I do not. I think it should have a branch at the seaside though.

2008. Are you satisfied with the position you are in at Alton?—Yes, quite.

2009. From the point of view of country?—Yes.

2010. But you would have all such institutions in the country, not in the town?—Oh, yes, undoubtedly.

2011. One other question I wanted to ask you. Can you advise the Committee at all as to whether it would be practicable to gain educational advantages to an institution of your sort. Is there any means by which we could get post-graduates trained in your methods as practised at Alton?—That question has been considered for some time, and we have advocated it for some time, and we are hoping soon to have post-graduate classes at Alton, and also to have regular weekly demonstrations at Alton.

2012. (*Mr. Stafford.*) What is Alton?—What is it? Oh! it is a village in Hampshire, and noted chiefly for its brewery, I think. We also have this cripples' home there.

2013. It is purely for surgical tuberculosis?—Purely, yes.

2014. You have got about 300 beds?—300 beds, yes. We have 220 patients under active treatment.

2015. Do you treat nothing but surgical tuberculosis?—Nothing; we treat nothing but surgical tuberculosis, no.

2016. What is the age of the children there?—They come in up to the age of 12, and they stay till we think they are cured.

2017. They come in at 12?—Up to the age of 12; in age fully 12.

2018. You get them from all sources, places in England?—Yes, the majority from London, but they may come from any part of England, in fact, one or two come from the colonies as well. We had a child from Malta last week.

2019. What does your treatment consist of chiefly? I understand you do not surgically treat those cases?—Well, that is not absolutely strictly correct. I do a very limited number treat by radical means, but the great majority by strictly conservative methods, avoiding operations as much as possible.

2020. Now, why do you avoid operations as much as possible?—Because if you cut down on to a tuberculous lesion, you are likely to get a sinus formation. For one thing, that is an added complication. Another

thing, you increase the amount of deformity as a rule or you produce atrophy in the limb.

2021. Yesterday we received evidence from Scotland, from Edinburgh, and there we were told by a surgeon that he treated all these bone and joint cases, glandular in particular, by means of an operation, and he had extraordinary immediate results, and he saved time in the treatment. Your experience does not agree with that, I think?—No. There are one or two surgeons, you could certainly count them on the fingers of your hands, whose technique is so admirable that they must do these operations successfully, and it must be a desirable thing for them to be done by these particular surgeons, but it is not of wide application.

2022. Have you tried operation in these particular cases?—Oh, yes, I have; I used invariably to treat them in that way.

2023. In a large percentage of cases?—In every case originally.

2024. In all these cases of *intra glandular anastomy*?—Practically all, but now, never.

2025. And that is the result of your experience?—I should like to say this, that I do not have many gland cases to treat, they are nearly all bone cases. We have a few gland cases, but not many.

2026. How long have you been practising at Alton?—Nearly four years.

2027. Do you think that is a sufficiently long experience to warrant you saying that operation in gland cases is not desirable?—No, I do not, but I base what I say, not only on my own experience, but that of the French Authorities who have been working at this for many years and I am following on their lines.

2028. Because yesterday we did receive very good evidence from Scotland upon the very great desirability of operation in these glandular cases on the neck?—Yes.

2029. And the thing that struck me most, was that the evidence went to show that it reduced the time of treatment during which the patient is under treatment very very largely indeed. For instance, a poor person with three weeks' treatment in connection with an operation that was the beginning and end of the whole thing?—Well, I should doubt that being correct in every case, and I should say it is largely a matter of the surgeon who was giving the evidence. If he is an exceedingly skilful surgeon, it is quite likely that he might be able to do that. There is the personal factor to consider in that matter.

2030. But your treatment is altogether by rest in these glandular cases?—Yes. I would like to emphasize again, however, that I am not treating many gland cases. These gland cases that come in are added complications to bone cases. We do not take in gland cases as such, so that my opinion on the gland cases would not compare with that of somebody who is treating a lot of glands.

2031. (*Dr. Mearns Fraser.*) With regard to the administration of hospitals and to the advantage or otherwise to the patients, is there anything in having them very large, say, 1,000 beds or 250 beds? Which would you prefer?—I think it would be cheaper to have a large ward of beds.

2032. And you do not think if you had 1,000 beds, there is any chance of ill results from having so many diseased patients together from the congregation of a large ward of patients in one place?—Not if proper precautions are taken.

2033. Which can be managed quite well?—I think so. I think the evidence of Berck proves that.

2034. With regard to the infectiousness of cases, did I understand you to say there was practically no infectiousness with these cases?—Practically none.

2035. You get sinuses, I suppose?—Yes.

2036. I suppose the discharges are dangerous?—Yes.

2037. There is a danger to the general public from these discharges from keeping the patient at home?—Yes, there would be.

2038. I have not been to Alton, I hope to go some time; are they open-air wards there?—No, the windows are never closed in the wards and the patients

are out of doors the whole day when the weather is favourable.

2039. It is not completely an open-air place?—No.

2040. What is your opinion; do you think it is best to have an open-air ward, or not?—I think open-air treatment is very excellent, but I do not think the patients could be looking very much better than our patients who are not actually in open-air wards.

2041. I was asking that because I have seen the Haswell patients and I was exceedingly struck with their appearance. They are open to a very strong breeze. They looked particularly well. The whole time I was wondering whether you were of opinion that they would do better if they were entirely in open-air wards?—I think the more they are open the better, and a breeze is an advantage, I think, rather than a disadvantage.

2042. May I ask another question about the surgical cases, that is to say, the radical cases. Is there any reason to suppose that the radical treatment is apt to cause the disease to spread more by disturbing the area to get the blood stream circulating?—Undoubtedly.

2043. That is one of the reasons why you prefer the conservative treatment?—Undoubtedly.

2044. Is that a very strong reason?—There is very strong evidence of that, I think. Meningitis, for example, is exceedingly common after an extensive operation on the hip-joint.

2045. (*Dr. Philip.*) Roughly speaking, what is the proportion of your cases, I see you have four groups here; is much the larger proportion bones and joints?—Yes.

2046. When you speak of an average length of time, I think you said about a year?—Yes.

2047. Might I ask how long a tuberculous knee might be with you?—The average will be stated in the memorandum; I could not tell you off-hand exactly the time, but all the cases we have treated you will see the average duration of stay in the memorandum.

2048. Then you do not think, in the case of a knee for example, that an operation is often serviceable?—Not in a child, I think. In an adult it may save time quite frequently.

2049. But in a child you think not?—No; and it has the added disadvantage that the deformity after operation is exceedingly common.

2050. We were told yesterday that tuberculous knees did so specially well, that is the purpose of my question?—Well, it is quite contrary to my own experience. They may do well as far as removal of the disease is concerned, but deformity subsequently is very marked in the very large number of cases, in fact it is the general rule.

2051. Do you suggest that deformity with operation is worse than deformity with your system?—Oh! it is quite a different thing. After immobilisation, given an early case, there should be practically no deformity. There may be a stiff knee, but it would be a straight knee; but after operation it is usually a flexed knee. I do not mean to say after an operation immediately. Immediately after the operation the knee may be straight, but gradually the knee becomes more and more flexed in the great majority of cases.

2052. That is very much in opposition to what was stated yesterday?—Well, that I can say by having seen such a number of cases that have been sent down in that condition, and I believe that is the general opinion of most surgeons now, that deformity is much more common after operation than if no operation is performed.

2053. Now, just one or two questions more. Do you not use tuberculin at all?—Yes, we do use it.

2054. To what extent; in what proportion of cases?—Well, at one time I used it in all cases; then I used it in a few cases; then I again used it in a fair number, about half the cases; and just now I am using it on a limited number. We are making an investigation as to the value of tuberculin given by the Opsonic method. In each case we have a control case, that is to say, tuberculous disease of the spine, we would select two cases approximately similar as near as we could get them; both would be treated conservatively; one patient would have tuberculin given to it according to the Opsonic method, and the other

would not, we want to find out whether tuberculin given in this method would hasten the cure or reduce the time for treatment. We have been doing this now for just over three months, but it would take at least two years before we can say anything very definite about it.

2055. Speaking broadly, are you reducing the number of cases treated by tuberculin?—At present I am not treating any cases by myself with tuberculin; for the purpose of this research we are just treating selected cases.

2056. Yes, I gathered so. As a matter of fact *qua* treatment you have reduced the use of tuberculin?—Yes, we have.

2057. Now may I ask why?—When I first started using tuberculin I believe I gave it in some cases in rather too large doses, and I saw some ill results. Then I reduced the doses of tuberculin, and I could not see any benefit at all, and so I was rather in a dilemma. Now the tuberculin is being given by dose graduated according to the Opsonic method.

2058. Are you guided at all by the local reaction; take a joint case, for example, or are you guided by general reactions?—Not at present.

2059. I am trying to get out why you gave up or why you reduced the use of tuberculin?—Well, I found that some of the cases got other tuberculous lesions, and in some of the cases there were manifestations of a more general dissemination of the tubercle bacillus in the way of tuberculous skin trouble. That occurred in several cases; a sufficient number of cases to make me rather afraid that I was causing the tubercle to disseminate more widely.

2060. So that the net result is that, apart from this research aspect of it, you meantime have given up tuberculin?—Yes.

2061. (*Dr. Leslie MacKenzie.*) I understood you to say that you Pasteurised all the milk?—Yes.

2062. Have you observed any nutritional effects on that, any scorbutic effects resulting, or have you taken any special observations about that?—I have not taken any special observations about that, but I have not noticed any ill effects by the use of Pasteurised milk.

2063. You have not observed any scorbutic tendency on the part of the children?—No.

2064. Because the experience in certain children's hospitals is that Pasteurised milk results to a certainty in scurvy, and things of that sort?—I have not seen a single case of scurvy.

2065. You have 220 beds and 45 nurses, which gives roughly about one nurse to five patients. What medical staff have you? You suggest one to 90 in your memorandum, one to 80 or 90?—At present I am the only resident, and a local man comes in to give my anaesthetics, and a bacteriologist comes down once a week, and spends a day over bacteriological work. I am having an assistant next week, but we are understaffed as far as my work is concerned.

2066. What medical staff would you suggest for a hospital of 1,000 beds? What do you contemplate?—Well, it would depend to a certain extent upon the acuteness of the cases taken.

2067. Of course you would expect a bigger proportion of acute cases when the method becomes much more general, as you expect it to be. You are getting more or less selected cases probably just now?—No, we are not; we are not getting selected cases; as matter of fact, our cases now are more serious than in the ordinary run of tuberculous cases.

2068. And you think that when the method spreads probably there will be no bigger proportion of acute cases or sub-acute cases?—I do not think so.

2069. What medical staff do you think would be serviceable for a hospital of 1,000 beds of that kind? Would it be in the same proportion, do you think, or less?—Oh! it would be higher than we have at present. We are understaffed.

2070. Yes, but what staff would you consider necessary for your 220?—For the 250 I think they should have four.

2071. That is to say, three assistants and you?—Yes.

2072. Quite apart from the bacteriologist?—Yes.

2073. Have you any visiting men independently of the resident staff?—We have an honorary medical

board, and one or two of them come down once a month, but they do not do any work in the place, they merely came for an inspection.

2074. Could you give, roughly, what the expense of your staff is at present?—It is all stated in detail in my memorandum, the exact cost.

2075. The tables are not given?—I sent the tables, but you will find every detail there.

2076. (*Chairman.*) May I just ask you one question? Have you tried to look into the previous history of the patient; I mean whether the effect of bad housing or malnutrition, or anything of that kind, has had an influence in producing this disease by lowering the resistance of children?—Not more than in the ordinary, not more than you would find in ordinary hospital cases, but I have been struck by the fact that cases where there is a bad family history are generally very much the worst cases, and they require long treatment.

2077. What do you mean exactly by a bad family history?—Cases, for example, where the father or the mother died of consumption, tuberculous lungs, or where other members of the family had got tuberculous disease; those cases, in my opinion, are always or generally more serious cases, then the disease takes a much more virulent hold on the patient.

2078. Do you mean to say that they have inherited a lower power of resistance?—I think so.

2079. (*Dr. Marcus Fraser.*) Arising out of that, Sir, may I ask: You would be inclined to attribute this disease of bone and gland more to human infection than milk infection?—I should.

2080. (*Chairman.*) You have not actually carried out any inquiries on that?—No, none.

2081. Have you any suggestions for the prevention of this, I mean in the way of increasing the resistance of children, what do you think are the most important factors?—Well, I think that among children, in what is sometimes called the pretuberculous stage, which is rather a vague term, but often signifies some ailing children with certain characters. I believe if those children could be sent into the country into homes as is now done in France, you would reduce the incidence of tuberculosis in those children. That has been done in France now for some years with considerable success.

2082. You mean anæmic children are sent into the country?—Yes, and children who have been exposed to contamination and are looking rather run down, children of tuberculous parents.

2083. Are they boarded out in cottages or sent to large institutions, or what?—They are sent to large institutions in France.

2084. Just to be built up?—Just to be built up, entirely for that.

2085. Then, do they get any training or teaching in school?—I do not think so. I am not sure of that, but I do not think they do.

2086. Is it necessary, do you think, to send them to places like that in the country, or would it be better if the school buildings were better ventilated, shall we say?—Well, it would undoubtedly be a help.

2087. It would increase their power of resistance?—Quite.

2088. Thank you very much.

The witness withdrew.

Sir WILLIAM OSLER, Bart., M.D., F.R.S., Regis
Professor of Medicine, Oxford, called in
and examined.

2089. (*Chairman.*) Before asking you any questions on your memorandum which you have been kind enough to send us, I wanted to put one or two points before you as regards the spending of this money which has become available for research. You know, under the Insurance Act for the United Kingdom, there is a general sum, a little under 60,000*l.*; for England it works out a little under 40,000*l.* In your opinion, would that money produce the best results in the long run if it were distributed among a large number of laboratories or researchers in scholarships, or if it were concentrated on the running of one big Central Institution?—I should say one Central Institution.

2090. If you had the Central Institution, I take it you would probably have beds in connection with it; it would be a Central Institution, including laboratories and beds?—Well, not necessarily beds in direct association with the Institution, but beds that would be controlled by it. It might not be worth while having, for the large expense of it, a separate hospital connected with the Institution when there are others, perhaps, in the neighbourhood that could be utilised for the same purpose. That is to say, if proper control could be had over them.

2091. But given an existing hospital or sanatorium, would you consider the money would be better spent if you added to the various laboratories that were required than if it were put up same little distance away from the hospital?—In every large hospital there is put a clinical laboratory, but I do not think it would do to multiply research laboratories, special research laboratories. That would be very much better centralised in one large institute for the whole country.

2092. How would you link up this Central Institute with the other laboratories, with the other research workers at the various hospitals, that were doing research work throughout the country?—It might be done very largely by educating the young men who would go and take charge of the minor clinical laboratories in connection with the various sanatoria.

2093. That is to say, you would have a training school attached to your Central Institute?—Yes.

2094. And you would try and get men to run this Central Institute who were to devote the whole of their time to it?—The whole of their time.

2095. The whole of their life practically?—The whole of their life practically.

2096. Now, as regards the spending of this money, there are three alternatives; one is to have a Director of Research, or would you have an Advisory Committee, or would you leave it to the Government Department or to the political head of the Government Department, or would you hand it over to the Central Institute to be spent at their discretion?—I think the last would be the better plan. Of course it would depend very much upon the organisation of your institute.

2097. But on the whole you do not think you would get as good a result by the system that has existed up till now of scholarships and subsidising individual workers in large numbers?—No, I do not think so.

2098. Do you think it is necessary to have a farm, a research farm, where experiments could be carried out on bovine, on large animals?—Oh, I think it would be an essential in any large, well-conducted institute.

2099. You would have them closely linked up together?—Oh, yes.

2100. I notice in your memorandum that you favour Centralization and central control as much as possible?—I think it is essential.

2101. Many of these or all these sanatoria, dispensaries, and hospitals in connection with tuberculosis that are likely to come into existence in the near future will be owned either by local authorities or by associations; would you bring them under this Central Authority?—That is the problem. They will all be subsidised by the Central Authorities, and in direct proportion, I take it, to the amount of the subsidy will be the extent of control.

2102. You mean to say that when you give them the original capital grant you should make it a con-

dition that they should submit to Central control?—Certainly.

2103. That is generally, is it not; we are not now dealing with research but generally?—No, generally, for the whole.

2104. For the treatment?—Yes.

2105. As regards the Central controlling body, you say you would prefer it to be independent, and if it is impossible, it should be a Government Department. What exactly have you in your mind when you refer to an independent body?—An independent body appointed by the Government, by the head of the staff; the staff bearing very much the relation to the tuberculosis work that the general staff of the Army does to the Army, a general body that would control the whole tuberculosis work of country.

2106. That is to say, you would take it out of the hands of any existing Government Department?—Yes, that is so, if that is possible.

2107. If it is possible, yes. I mean, you consider you would get the best results?—I think the best results and the results more rapidly than any other.

2108. Would this body be in the nature of an advisory committee; would it be a permanent body?—A permanent body, a controlling body; not an advisory body, but a body that would control the whole work.

2109. How large a body would it be?—It might be a body of only two or three who would be the executive of the department.

2110. And you would refer to them all questions connected with the treatment or the running of the sanatoria, or grants of money in aid?—Everything.

2111. In the second section of your memorandum you refer to a Tuberculosis Institute, with at least six sub-sections. By institute do you mean a body or an organisation?—Both. The organisation would control, a central institute, a building, and with the necessary subsidiary departments.

2112. This building, would it be merely an executive building, or would it actually carry on treatment or research?—Not necessarily treatment but the research, and it would represent the central organisation for the entire country. For example, if you wish to find the number of patients under observation in any one county you go that institute, and every single patient's name would be on a card there, so that the central body would know the total population, the tuberculosis population, and would know the condition of each individual every month by month; that is to say, it should be a central organisation which would be in connection with every existing tuberculosis organisation in the country, and in active touch with it, and every organisation in the country should feel that they were directly under its control.

2113. Do you think that the local authorities would submit to such central control?—I do not know.

2114. To whom would it be responsible, this central body?—It would be responsible to those who appointed it.

2115. The Minister that appointed it?—The department of the Government for which it worked.

2116. So, finally, who would be responsible?—It might be under a department of the Government, it might be simply a department of the Local Government Board.

2117. You think they should have a special department, they or some other Government Department connected with tuberculosis?—Yes.

2118. You refer to Social Service Department. I wonder if you would elaborate that a little?—That has been really one of the most effective means of fighting tuberculosis, that is to say, the social conditions and surroundings of every individual patient investigated, and the best possible means taken to put the individual patient, if he remains at home, in the best condition to get well, and the individuals surrounding that person, the patient in the best possible condition to prevent infection and resist if infection has taken place.

2119. That is to say, the idea would be generally to improve the surroundings of the population?—Yes.

2120. And in the same paragraph you refer to farm colonies. What do you mean exactly by farm colonies?—Such farm colonies as Dr. Phillips has in Edinburgh, where persons who are not perhaps well enough to go back to earn their own living could be, for a period of six months or a year, put on a farm colony where they would be getting well and at the same time taught useful work which would enable a man to gain his livelihood after he got out.

2121. Is the main object of a farm colony treatment or the training of consumptives for open air work after discharge?—Well, it is practically both. There are a great many persons who while under treatment, not yet quite well, are quite able to do light work. It is very often helpful, of course.

2122. How closely should it be connected then with a sanatorium, or is that immaterial?—It might be simply a department of the sanatorium. I should say that every large sanatorium should have connected with it a large farm colony.

2123. By farm colony you would include gardening?—Oh, yes; gardening.

2124. Have many of these farm colonies been tried?—I do not know definitely, but there are a good many.

2125. With success?—Yes, with very great success.

2126. As regards literature, that again you would have, I gather, under central control?—I should say so, yes.

2127. You would have all literature published and approved before distribution?—Before distribution, yes.

2128. You were kind enough to say that you would make special statements as to the organisation and development of the Tuberculosis Dispensary at the Johns Hopkins?—Well, that simply illustrates how a tuberculosis dispensary may be organised in connection with a general hospital for the treatment of the tuberculous patients applying to the hospitals for the teaching of the methods of fighting tuberculosis and teaching medical students the routine method of recognition and treatment of the disease. We started it in 1898. At first in a very small way, and now it is, I think, one of the most satisfactory of the special tuberculosis dispensaries in the United States, in fact, it has served as a model for a number of others. It is practically an ordinary dispensary to which any one applies or which the tuberculosis patients from the other dispensaries are sent. There is now a staff of 10 or 12 workers, 8 or 10 nurses, a special laboratory research, as well as ordinary clerical work, and a very well equipped library.

2129. When you say that patients are sent from other dispensaries?—I say the other dispensaries of the hospital, so that practically all the tuberculosis work at the hospital is concentrated in that dispensary.

2130. Has it beds?—No, but it acts as a feeder to the State Sanatorium, and if there are any cases requiring surgical treatment or any acute tuberculous cases requiring medical treatment, they are simply sent into the wards of the hospital.

2131. It is practically an out-patients' department?—It is an out-patients' department of the hospital.

2132. You think it is an advantage to have it connected actually with the hospital rather than as a separate institution?—Oh! I think there are very great advantages. In the first place, there are a great many patients requiring surgical treatment that can be turned over immediately to the out-patients' surgical department. There are a number of cases requiring more prolonged surgical treatment that are sent up to the surgical wards, for instance, cases of gland tuberculosis requiring operation and many important medical cases are admitted directly from the dispensary to the ward. And, in addition, there is the very great advantage of having the medical students see systematically the work of the dispensary. They work in it in a routine way just as they work in the other dispensaries, that is to say, a certain number of these students are assigned every month to work in the tuberculosis dispensary, so that every medical student before graduating has passed through the tuberculosis dispensary

2133. There is a great deal of research done in connection with the Johns Hopkins, is there not?—Yes. The laboratory of this dispensary has published a number of very important papers. They have four or five men working in the research laboratory constantly.

2134. Do you consider that this work of research is helped by having wards and beds in close connection?—Oh! undoubtedly.

2135. In the last paragraph of your memorandum you refer to special tuberculosis societies?—Well, that in a medical school has a definite advantage from an educational standpoint. We started a society there which has been very helpful, and it has been continued. And, in connection with the tuberculosis dispensary, there is a society which meets every month. All the members of the staff, including the nurses, meet once a month for the discussion of problems connected with their work; that is, not only scientific problems but practical problems. All the nurses connected with the staff are invited to those meetings, participate in them as active members.

2136. In connection with research, do you think that much money should be spent on statistical research?—I should say that in connection with an institute there should be a Statistical Department under control of a modern statistician, a man who has been properly trained for that sort of work. I think he would give us in the course of a few years very valuable information and he would be able to check the somewhat loose statistics that we medical men are in the habit of putting out.

2137. By statistics you mean medical statistics as opposed to the ordinary statistics which appear in the Government Publications connected with public health?—I think the Statistical Department would control all aspects of statistics of the problem.

2138. That all statistics eventually should go there, you mean?—Should go there.

2139. In connection with milk have you any suggestions to put before us as to the danger of milk or the way in which it should be dealt with?—Yes. I think there are two or three important things. I think the cow-stable should be clean and the cows tested and the character of the milk carefully examined and the method of distribution absolutely controlled. I think those are the important points.

2140. You consider that it is a serious source of infection at the present day?—Well, of course that is one of the disputed problems. I do not think that we have got the data fully before us yet; personally I think a very large number varying in different localities of intestinal tuberculosis, bone tuberculosis, and gland tuberculosis is of bovine origin, the percentage varying in different places and the percentage at present varying with the technique of individuals who work out the differences between the bovine and the human organisation. That problem I do not think has been definitely solved, that is to say, as to the percentage of cases of bovine tuberculosis in children. Personally I think the percentage in some districts is quite large.

2141. Depending upon the amount of tuberculous milk there?—Yes. At any rate there is evidence enough to warrant a much more rigid inspection of the milk than exists at present, and a much more thorough examination of the cows.

2142. More rigid inspection, that is to say, of dairies and farm buildings?—Of dairies and farm buildings.

2143. Then as to the value of Pasteurised milk?—That is out of my line; I have no personal knowledge.

2144. A few minutes ago, I think, you put forward the importance of general hygiene. That would be connected with the prevention of disease, would it not?—Yes.

2145. In increasing the resisting power of the population?—Of the population; better housing, better food, more fresh air.

2146. And in your memorandum you also mention the need of having a library in connection with the Central Institute to make it necessarily a complete organisation?—A complete organisation, particularly for the education of young men who would receive at the institute the training which would fit them to take the positions which will be open in this work. I would

not give to any young man a position in a tuberculosis dispensary or in connection with any laboratory in the work who had not passed through a period of probation in the institute. Just as you do not appoint a young man to the Army or the Navy who has not had his preliminary training in the special line of work which he is called upon to do in the Army and in the Navy.

2147. You also say in your memorandum that you would put before us your experience connected with the Oxford Dispensary, more especially in its rural functions?—Well, we have only been in existence about 18 months, but we—

2148. (*Sir George Newman.*) What are “we”?—The Tuberculosis Association in Oxfordshire, and we have at present about 1,000 patients under observation. The great majority of those are in the City of Oxford, but I have forgotten the exact proportion in the county. We have started three local dispensaries in country districts—one at Witney, one at Thame, and one at Banbury, and at Thame we have 170 patients under observation.

2149. (*Chairman.*) Turning for another moment to central control, a large number of—practically all—these sanatoria or dispensaries will be owned by local authorities. Do you consider that the head medical officer should be appointed from the centre and should have a right of appeal to the centre?—Oh, yes.

2150. You would take that away from the locality?—Oh! he must be under central control, that is to say, if the work is to be of the best that is possible, and if the disease is to be got rid of at the earliest possible date, I should say the central control of the medical officer would be a necessity. It is not easy to obtain.

2151. Would the whole of this money be required for the running of this central institute of research?—That would depend.

2152. How well it could be done?—How well it could be done. I should say that it would be ample.

2153. But you would use it all for that yourself; you would prefer that?—Oh! I think so.

2154. (*Dr. Leslie Mackenzie.*) You would suggest, Professor Osler, that the control of tuberculosis as a special thing should be taken out of the hands of any existing Government Department, but you would be willing to consider that it should form a special department of, say, the Local Government Board or some other central authority?—It is not under the control now of any one department.

2155. You are aware, of course—it is no use putting elementary questions to you—that tuberculosis is really the great public health question, involving housing, food, milk, relations to other infectious diseases—in fact, to almost everything that you could name in public health—and also that the authorities for public health are the town councils, the county councils, and sanitary authorities generally, and that a great part of their work is directed, or at any rate incited by the problems due to tuberculosis, the whole question of housing, and so on being illustrations. Do you propose that that shall all be taken away from the sanitary authorities and put on a separate footing for this particular disease?—You could not take the problem of housing, of course.

2156. Well, what would you take away? At the present moment I am thinking in terms of our own country. The medical officer of health is responsible under his local authority of course, under the local conditions possibly, for the matter of meat, milk, dairies, cowsheds, housing, infectious diseases, and so on, the whole round, in other words, of sanitary infection. Now, do you propose to relieve the medical officer of health of all these so far as concerns tuberculosis?—You could not relieve the medical officer of health of the general sanitation or other responsibility, of cleaning up the houses or of disinfection afterwards, but that work would have to be done in active co-operation with the tuberculosis authorities. It is to be a co-operation scheme.

2157. Of course the sanitary authority is already—the public health authority, I prefer to call it—is really a tuberculosis authority now. What I am anxious to get at is what would be the practical administrative result of your proposal to dissociate the chief public health problem from the work of the public health authority, both central and local?—Oh,

you have got to have some united action between your tuberculosis authority and the public health authority.

2158. Yes, I know ; but my point is that you create a new central State service, I understood from your memorandum, to deal with tuberculosis as such?—Yes, if it is possible; if under the existing conditions it is possible.

2159. That is an important qualification?—Well, that is what I say ; it may not be possible.

2160. It seems really a supersession of all our existing authorities in relation to that disease?—Not necessarily a supersession; it might mean simply an intimate union of the tuberculosis section, because it would be a section of public health work.

2161. Of course you are aware that in Scotland, and in England too, pulmonary tuberculosis is treated as an infectious disease, and dealt with from that standpoint. I presume you would agree with that, and the consequences of that proposition?—The question is whether it would not be possible—we are in the presence of a large number of enemies—to in a measure concentrate the efforts of the community in fighting singly the greatest individual enemy that is before us to-day, with the possibility of successful victory. And why I feel that a separate organisation might be better—I do not say it is possible—is that I think that we would get better work. We could control the existing conditions much better, and fight a much more satisfactory campaign, if all efforts were concentrated by a separate army, controlled by a central staff, who would be, in a great measure, independent of existing organisations, though, of course, working with them. Of course, that may not be possible; it may not be possible in existing conditions.

2162. As a matter of the department of the social service, which I entirely agree with the intention of, would you consider it important to maintain the interest of localities, such as towns like Glasgow, Edinburgh, or Aberdeen, or the counties of Scotland? Do you think that your separate intrusive service, so to speak, from the centre, would encourage local interest or diminish it? My experience is that every service that becomes a detached abstract State service, at once gets dissociated from the local effort and local interest. I do not know what your experience is?—I would dragoon the local interests into the fight, and if they did not do it, I would do it myself.

2163. You do not know Scotchmen?—I have lived with Scotchmen all my life. They are the easiest people to deal with in the world.

2164. Yes, they are?—If you are on their side, and they are generally on the right side.

2165. I agree with your intentions, but I wanted to know whether you thought the local interest of towns is really a factor of any importance?—Of course, it is a factor. You have to get the goodwill of the people, but in a business-like sense. If you have got people without sense enough to give their goodwill, you have got to show them that this thing has got to be done against their will.

2166. Now as to your central body for research and so on, you spoke in answer to the Chairman of having two or three executive members. Can you give us the idea of what the consequences of that again would be in the matter of research? Would you make all research on tuberculosis and on the lines bearing on tuberculosis subject to this department, sub-department as it were, or what relation would they be to existing laboratories, say, in the university centres or in the great municipalities. It is for purely administrative reasons I am asking?—It ought to be a good up-to-date modern laboratory with the best possible man at the head of it. He would stimulate research work along the most advanced lines and at the same time control the education of the young men who would be working in the other laboratories throughout the country.

2167. Is it an advantage to control from a single centre like London all the work done through the rest of the country?—All the research work, I do not think there is money enough to go into a big research scheme if you distribute the money.

2168. Of course at the present moment there is a number of laboratories supported by municipalities or

by universities or medical schools that are going on with various forms of contribution and doing a considerable amount of work. You do not propose to control all these through your Central Authority?—Not necessarily, but I should say any laboratory associated with a sanatorium or with a dispensary should be in direct touch and of course could be subsidised from the Central Authority.

2169. That is what I wish to get at. One wants to know how far a central control of a single man, a single superintendent situated in London, is or is not a sterilising influence on impulse and effort and originality and research in the localities personally. My inclination is to feel you might lose control without any very good result?—There would not necessarily be any very active control, it would be much more a stimulating influence, a stimulating influence of a great big laboratory in which the best methods of research were constantly going on and in which active research was always in progress and to which every laboratory man in the country would turn for advice and assistance.

2170. In fact you would get your stimulating influence better if there was no control in the sense of being absolutely subordinate departments?—Oh! no. The best control would be a grant of money every year.

2171. Of course, you want to follow up whenever a grant of money was made?—Yes.

2172. Would you leave this central body as associated with the departments concerned like the Insurance Commissioners, who furnish the money, or the Local Government Board, or the Home Office, or whatever body was concerned, or would you make it a detached body altogether?—The laboratory.

2173. The body that has the control—the whole institute that you have sketched here?—Oh, that would be under your small Central Executive of the Government.

2174. (*Dr. McNail.*) The Central Executive would be appointed directly by the Treasury; you are talking of the Government?—Whichever department of the Government will have control of this.

2175. And they would hold office for life?—I do not know.

2176. I thought I gathered that from your answer to the Chairman?—I do not know about that. They would hold office just as any other department. That I do not know.

2177. You would not suggest a period. Then it would depend on circumstances. Might these men themselves get fixed in their ideas as they get older and get less open to new impressions and to new lines of research, having already attached themselves to doctrines with regard to tuberculosis. Would there be elasticity, do you think, under control of two or three men who had no fixed period of appointment?—It might be better to have a fixed period. It would depend very much on the type of men and on their intellectual protoplasm.

2178. Would they be whole-time servants salaried, or would they be consultants, or would they have other duties?—I should say they should be whole-time men.

2179. I do not know whether you have seen the Interim Report of this Committee?—Yes.

2180. You would observe that there are to be the local tuberculosis officers, that these are to be the centre of local action as regards dispensaries and sanatoria, that these are to be made servants of the public authority, that is, of the public health authority, and they would, probably, be appointed the public health authority, taking advice from co-opted persons representing the insured who have, after all, the annual money that has to be devoted to treatment. I gather that you would wish that these men locally appointed and on the staff of the local public health department would be under pretty direct control by the central body?

2181. So that you would contemplate all the local authorities in the country while making the appointment and paying the men, that they should agree that these men appointed and paid by them should accept control and guidance from the central body?—They would not be paid entirely; the central body would contribute some,

2182. Not under the scheme that we have been thinking of, I think?—Well they contribute to the first cost of the dispensaries.

2183. The central body?—The capital cost.

2184. Yes, that is the 1,500,000l.?—The first cost, and there is a Government contribution to the maintenance and the running.

2185. Yes; the contribution is made to the representatives of insured persons. And then in Scotland it would be that. The main expenditure would quite probably be out of local rates; out of the public health rate. In Scotland tuberculosis; or at least phthisis, practically tuberculosis is an infectious disease, like scarlet fever, and it is the duty of the local authority to deal with the disease just as much, though not in the same fashion as it does with scarlet fever or small-pox, or anything of that kind, and it is its duty to pay its officers. You do not contemplate the difficulty in not relating these officers, locally appointed and paid, with that central body?—Yes, I do; I contemplate the greatest possible difficulty. That is just where the hitch is going to come.

2186. I wanted to bring that out, that is all?—But that is not an insuperable difficulty, and particularly if the Government is going to contribute. Those who pay the piper will call the tune.

2187. (*Dr. Philip.*) Do you project a special diploma for persons qualified for this service?—Oh! no, I do not think so, not necessarily.

2188. So far as the training of our students generally is concerned, I gather from a remark you made, that it is better in America than here, so far as regards tuberculous cases?—Only, perhaps, in certain places; I do not know any other place but the Johns Hopkins Hospital, where every medical student in the course of his education has to go through the Tuberculosis Dispensary.

2189. It is desirable that it should be improved, is it not?—Sure.

2190. Are you prepared to foreshadow in what way the ordinary students might be improved?—Yes; I would have connected with every hospital associated with the Medical School an up-to-date tuberculosis dispensary.

2191. And make it compulsory that the student attended?—They would go into that just as they went into the others in regular routine.

2192. Would you make a special test before the student qualified, you are not prepared to say?—There are too many tests now.

2193. Just one other question. This Central Institute, placed in London as you have conceived it, would you make it applicable to Ireland and Scotland?—Only as far as I think it would be a pity to dissipate the funds, and have in each section or kingdom, a large research institute.

2194. You do not think there would be any difficulty with the existing Medical Schools and authorities in the matter?—I would ignore them. I would ignore the difficulties because I do not think they would really exist, because the present Medical Schools and the present Universities, no one or no group of them, does such a very large amount of research in tuberculosis that their claims would have to be considered.

2195. In other words, this tuberculosis problem is such a large one that where the difficulty exists you would simply ignore it for the major advantage?—Certainly.

2196. (*Dr. Latham.*) I was not here when Sir William Osler began, so if I ask questions that have already been asked, I hope you will tell me. I take it your idea is that there should be some responsible control in each department or whole scheme; you do not care whether it is in one Government Department or another, as long as you can get some control in the Dispensary department and the Sanatorium department, and some means of linking up the whole scheme?—I think it is the essential and it ought to be done at the start or else it will not be done at all.

2197. You want it organised from a centre?—Undoubtedly.

2198. In all its departments?—Yes.

2199. Then, with regard to your dispensary department, you suggest the organisation of a model dispensary. That is simply as a guide to the dispensary

by which they can help the dispensaries in other parts of the country?—And where the young tuberculosis officers could be trained.

2200. Now, would you be willing to make the model dispensary a sort of out-patients department of a Central Institute?—Yes, or take over any one of the existing ones, take over one or even two of the existing ones here in London.

2201. Then, with regard to research, I take it as far as I have heard you, that in view of your experience in other countries than here, and in view of the fact that the amount of money available is definitely limited, you would be inclined to concentrate your expenditure in one place rather than make grants to various localities?—I think so.

2202. Then you would suggest an institute for the research; would you suggest that that institute should be associated with beds or a dispensary? I want to explain my meaning a little further. I take it you and I are in agreement in thinking that any advance with regard to treatment, or with regard to diagnosis, is not to come from the clinician by himself, or from the laboratory man by himself, but must come from co-operation between the two?—Certainly.

2203. You would say that is quite definitely the fact at the present time?—Yes.

2204. And does it not follow from that that it is essential wherever research, as far as treatment and diagnosis are concerned, is carried on, you must have your laboratory research work in close conjunction with your clinical work?—Certainly.

2205. So it really comes to this, if we concentrated the money in one particular direction, one Central Institute with an out-patient department, or a dispensary plus beds, a certain number, plus laboratory facilities, and they should be in connection, if necessary, with some place where you could have animals?—It may in connection with an experimental farm. Of course the problem of a special hospital connected with the institute that might not be worth while in the presence of the large number of existing hospitals that could be utilised.

2206. Do you not think, if you and I agree, that it is of advantage to bring the laboratory worker face to face with his patient; that you are to save a great deal of time if the laboratory is under the same roof as the patient?—Oh! undoubtedly, but you have the money problem. If the money is abundant, have a research institute, but the money is not in any way adequate to a research institute plus a tuberculosis hospital.

2207. I am talking not so much of practical politics as the ideal. From an ideal point of view, if money were no object you would combine the two things under one roof?—Undoubtedly. I would have a model dispensary and a model hospital of 100 beds, which would act as a model for the whole country for that sort of work, that is to say, the work of treating a group of cases, and treating special features of tuberculosis by the various special means as they came up.

2208. Then, supposing it were possible that we should provide beds on these lines, which might come out of sanatorium benefit or might come out of other sources. You think that that would be the best plan?—Undoubtedly.

2209. It would also have this advantage, supposing you had full-time clinicians, that you would get rid of a good deal of the difficulties you have had to face that you would have if you were working with any of the large hospitals at the present time?—Yes, until suitable arrangements could be made.

2210. If it were decided later on that this question of research should extend into other departments of medicine should not be confined to tuberculosis questions. You think the same scheme could be widened out and broadened. You would start in the same way?—Yes, undoubtedly.

2211. (*Dr. Mearns Fraser.*) With reference to the Controlling Committee you have proposed, how would you compose that? How would you form that committee—what class of men would you have upon it?—I would put a layman at the head, as this is a laymen's problem and out of the range of profession, and two or three good associates.

2212. Laymen also?—No, I should think, probably, that would depend entirely on the qualification.

2213. You would not take a man because he was a physician?—Not necessarily.

2214. Or a surgeon?—No.

2215. A general all-round man?—A good, active, energetic, business man, who, if he did not know the job, had brains enough very quickly to learn it; a man who would go into the problem from a wide standpoint.

2216. Then you are not looking out for special authorities on tuberculosis for this?—Not necessarily.

2217. Then this Controlling Committee will, as I understand it, supervise all the preventive measures for tuberculosis, too?—As far as possible.

2218. Of course, all these measures now, or a large number of them, are being done under statutory powers by local authorities and by the Local Government Board. Do you think there will be a tremendous lot of overlapping because local authorities have to investigate all these other measures in connection with other diseases as well go in connection with tuberculosis?—Of course they would have in each locality; work that would be done for tuberculosis would be done very largely under the direction of the Medical Officer of Health. For instance, the tuberculosis officer in a town the size of Oxford would not have his own staff of inspectors, he would work in connection with the Medical Officer of Health; he would be associated, indeed, in many places he would probably be directly under him.

2219. An assistant medical officer of health, in fact?—Yes, he might be an assistant medical officer of health.

2220. I am glad I cleared that up?—The tuberculosis officer in a district should feel that he is not under the absolute control of the local authority.

2221. Local opinion?—That he should be under central authority.

2222. He should have security of tenure?—He should have security of tenure, and he could work out his plans, which might not be the ideas of the sanitary committee. Remember the sanitary committees of our local organisations are very good business men often.

2223. But they do not want to spend money?—They are often not men who know anything about tuberculosis.

2224. He should be, as regards the plans of his general scheme, under the control of the central controlling committee?—Undoubtedly.

2225. May I ask you about farm colonies? You told the Chairman that farm colonies had been very successful; could you give us references to these farm colonies?—Yes, I hold Dr. Philips' farm colony has been extraordinarily successful.

2226. Is that the only one?—That is the only one I have in my mind at present.

2227. (*Dr. Niven.*) I should like to ask a little more about this central controlling authority. Your idea is that it is to control not only the research work but the whole of the administration in connection with tuberculosis?—Yes.

2228. That would require a good many officers, would it not?—Yes.

2229. Who is to pay? Where is the money to come from; by whom is the staff to be paid?—I have not the faintest idea.

2230. There is a certain sum of money which is allocated; you cannot introduce a vast control of that kind without paying the necessary officers who exercise the control, can you?—No, but I understood there was plenty of money.

2231. Then where is the research to come from? There is 40,000*l.* for research; do you purpose to concentrate that all in one place?—Oh, yes. But surely there is plenty of money if the work is to be controlled by the Government, and from a centre the Government has got to supply the money. Dr. Newsholme can hand over part of this: there is no trouble about that.

2232. Your scheme is based on the hypothesis that a large additional sum of money is to be provided for the purpose; you do not contemplate that this 40,000*l.* is also to provide for research and also for the other purposes.

2233. (*Chairman.*) I think Dr. Niven has not quite understood. In dealing with your scheme, you do not really refer to the 40,000*l.* at all. The 40,000*l.* you allocate for research?—No, for research and for that side of the work.

2234. (*Dr. Niven.*) It is not one scheme then; there are two schemes, one for dealing with tuberculosis as a whole?—Not at all, the research would be part of the central bureau.

2235. I see, and it is to that position that the 40,000*l.* is to be allocated?—Yes.

2226. The rest would be provided from other funds?—Provided from other funds.

2237. You say that this central controlling authority is to be composed of a few energetic active level-headed business men, men of practical sound commonsense, who will very soon pick up all about it?—If they can be had.

2238. And they are to control tuberculosis. Most people require a life-time before they make very great advance with tuberculosis?—Oh! well, I would select them—a good layman and two good Medical Officers of Health, who knew their job; there would be no difficulty about it.

2239. You think those general practical commonsense men would very soon pick up this business?—You give a layman charge of the department, he can get brains that will show him how to conduct his job very easily. It is done in all other departments.

2240. He says if he can get brains, but you cannot go and pick up brains off the causeway?—But Dr. Niven, it is the way of the country. The man who is put in charge of a big department in this country is the man generally who knows least about it, and he very quickly learns. Look at the present gentlemen in control of the Navy, for example.

2241. That is quite right?—It is a very easy matter to get people who know the job.

2242. Well, the gentlemen who work in the Navy are men who have given their life to it, and they have risen gradually, step by step, have they not; they would not be of much value otherwise?—The men in charge of this central bureau would also be men who know their work.

2243. But he has men who are intimately acquainted with all the affairs of the Navy, he does not act on his own unassisted judgment?—Nor would the head of this bureau.

2244. But then this Central Committee is going to dispose of the question of tuberculosis; you would require surely to have on it people who knew the question?—That is what I say. You would have to have them; the probability is that the controlling people on that would be people who knew public health in this country and knew it well.

2245. Persons who knew the clinical aspects,—physicians, surgeons, researchers?—It is not a question of the clinical aspects of the disease that is needed so much in the upper storeys of the Institute.

2246. Of course you want men of ability?—You require men who have a wide outlook on the problem.

2247. You cannot pitchfork people into important positions of that description even if they have ability without they have something else than ability, without their having had training and qualifications for managing so great a piece of work, can you? You would not like to do it?—It would be exactly on a par with the other departments of the Government where the heads are usually men who know least about it, this subordinates are men who coach him and who do the work undoubtedly.

2248. These three or four people, practical, energetic, commonsense people, are going to control the statistics of the business?—Oh! no, they are not, they are to be controlled by a professional statistician.

2249. A modern statistician?—A modern statistician.

2250. What do you mean by modern?—I mean a man who is trained in the Karl Pearson method, and who knows the difference between medical statistics and private statistics.

2251. Excuse me, the Karl Pearson method; in the long run he must be a mathematician?—The trouble is we need mathematics, and we doctors never ~~can~~ get it into our heads, with reference to statistics.

2252. If you find the Karl Pearson method—in the most monumental questions an eminent mathematician engaged in mortal combat with another eminent mathematician—if you find that sort of thing happening, then does it not rather shake your confidence in the methods of the modern statistician?—Not at all.

2253. Not at all, even on fundamental questions?—We have got a new school of mathematicians. The difference is you and I Dr. Niven are a little too , we have been trained in the old way and we do not appreciate it.

2254. What you want is the sound, able, energetic, commonsense man, do you not?—You want a man with a newer outlook on mathematics.

2255. That is what you want?—There is not any difficulty about the statistics.

2256. Nothing that you can describe as a modern mathematician. The highest statisticians are not of modern origin, surely; they are not to be found in the pages of the Royal Society necessarily?—I know my statistics have never been modern.

2257. (*Dr. McVail.*) Might one mention to Sir William that Dr. Niven was a wrangler himself?—And I am hopeless; I have no mathematics in me at all.

2258. (*Dr. Niven.*) It is a suggestion that I do not like?—It is a suggestion that I am attached to.

2259. Mathematics is a mere weapon?—It is an important thing. I do not know about your statistics; they may have been all right.

2260. It is just like a knowledge of tuberculosis; to deal with statistics you must have mathematics; to deal with this subject you must have a knowledge of tuberculosis?—Yes.

2261. Now you told us a little while ago about milk, and I should just like to have one point clear if you do not mind. You say you would test all the cows, but you do not tell us what you would do when you have tested them?—I did not think that was necessary.

2262. Oh! but I think it is; I think that is the essence of the business. It is no use initiating work and not completing it. Well I should just like to know what is your idea in testing the cows, if you do not mind pursuing the subject?—I would like to ask you whether you would like to give your children milk from a cow that reacted to tuberculin?

2263. No, I would not?—Nor would I.

2264. Then your idea is that all cows reacting to tuberculin—I presume in the hands of a trained veterinary surgeon who understands the business and has had a great deal of experience of it, otherwise it is not of much value—should be removed?—I would cut them out from the milk supply of the country, if possible.

2265. Then your idea is that tuberculosis should be eradicated. That is your view of the milk question, that tuberculosis should be eradicated absolutely?—From the cows.

2266. That has been tried on a pretty large scale in the United States, has it not?—Yes.

2267. I do not know with what result?—Nor do I.

2268. Or whether the experiment is going on?—I do not know either.

2269. But still you think that is the right thing to do?—Undoubtedly.

2270. You have no reason for that opinion beyond the effect that it would have upon human health?—I think the reason for the opinion is that the evidence, so far as it goes, is that a very considerable number of children get tuberculosis through tuberculous milk.

2271. You have no other reason?—No, I think that is the important one.

2272. You have not considered the effect of the question upon agriculture at all, upon the rearing of stock, and what effect it would have upon the farmer?—I think it would have ultimately a very good effect upon the farmer.

2273. Yes, I think so too; but I was just wondering whether you had considered the question?—No.

2274. It is in order to bring that out that I have asked you these questions. Considering who is to control this business, you said that those who pay the piper call the tune?—Yes.

2275. Just as a mere abstract question, that is a somewhat dangerous position to take up in regard to

public affairs, is it not?—Supposing that any individual or body was strong enough to bring forward a large sum of money, with a scheme in their heads for dealing with a great public question, you would not, simply because there was this vast sum of money to found a particular scheme, throw aside everything else that had been established in regard to this particular matter, and plant that new scheme, because those who pay the piper call the tune?—It would depend upon how the other man —

2276. I just put it to you that it is a dangerous position to take up in the public interest, I think?—Well, I said that with reference to the control of the tuberculosis officer.

2277. Yes, I think you said it lightly; but I am using to just to point out that it is dangerous. At any rate, if it should prove that local authorities have to pay a very large share of the new work in connection with tuberculosis, they ought to have a great deal to say?—They ought not to have anything to say whatever in the general direction of this campaign. That ought to be controlled from the Government; that ought to be controlled from the centre, from a central organising association, and they ought to be whipped into line.

2278. In fact, they ought to pay and do as they are told?—They certainly ought to do as they are told, and how much they would have to pay would depend upon —

2279. They would have two or three people telling them?—Oh, no they would not.

2280. They might get directions?—That is where the trouble comes now. The men get directions from two or three different places; they ought to get directions from one source only.

2281. How would you choose the dictator; who is to be the dictator?—It is done in the other departments of the Government. Here is a dictator.

2282. You come from the States. You are imbued with the most tyrannical ideas on public affairs. As a matter of fact, Sir William, is it not a fact that the management of public health departments in the States is of the most tyrannical nature?—No; they have not any public health departments at all; they do not exist.

2283. There are two or three executives?—Except in New York City, there is no good systematic public health service as there is in England.

2284. They have an executive, and two or three persons, including what you might call medical officers of health, and they go round and tell people?—If you talk about the public health service in the United States, you cannot, because the public health service does not exist as it exists in England. The great advantage here in England is that the people are accustomed to being dragooned by the public health people.

2285. Oh, no?—Excuse me, they are; they have done it all the time, and there is no reason why, in a local, limited disease of this sort, they should not be a little more dragooned—a little more tightly and closely.

2286. A medical officer of health has a great deal more power in the United States than he has in this country?—No; he has only in one single point.

2287. (*Mr. Stafford.*) There has been a very large reduction in the tubercular death rate of England, spreading over a number of years. To what would you attribute that?—Better housing, better feeding, and more fresh air.

2288. And general improvement in the sanitary conditions?—Yes.

2289. Is it wise, then, to divorce the public health from your new department?—You do not.

2290. Under those conditions?—You do not.

2291. I am afraid you do, to some extent?—Oh! no, you do not.

2292. After all, tuberculosis is not dependent upon any one cause; is not that so?—Oh! no, it is not dependent upon one definite cause. When you come to the final matter, it depends upon the tubercle bacillus.

2293. Yes, but it is largely affected by other matters?—Yes.

2294. By the housing and the surroundings?—Yes.

2295. Therefore, ought not the same department which controls the one, control the other?—Yes. But this is not exactly the same question, with reference to scarlet fever and smallpox, and that. Here is a disease which is widely prevalent, which kills a larger number of people than any other disease, and which, we believe, with certain definite measures, can be controlled, and possibly, in two or three generations, almost eradicated. Now; that work may be done perfectly well under the department of the Local Government Board, if it is localised and systematised, and rigidly organised. But, on the other hand, remember, as I stated in my memorandum, I specifically said, if possible. But I feel that as far as the organisation goes, and as far as the efficient working of the scheme, if it was possible, if the money was forthcoming, and if you can co-ordinate the work properly with the other departments in the country, it would be a great deal better to make that a separate bureau by itself, and have unity which would simply face this one enemy.

2296. Yes, I see your point, but my difficulty is divorcing it from the department, for you do propose to divorce it from the department which is already controlling the whole machinery. It has its offices, it has the machinery for dealing with the matter?—Well, they would have to work in co-ordination, of course.

2297. It would be difficult to work in co-ordination with the central department. If it was, as you suggest it might be, a separate department of the Local Government Board, and in intimate relation with it, there I should be entirely with you?—That is probably what will have to be the solution of the difficulty.

2298. Why?—For instance, our tuberculosis officer in Oxford does work now in connection with the medical officer of health, and all the sanitary inspection is done automatically by the medical officer of health. There is no reason why that should not be done in the same way even if it was an independent bureau; no reason whatever.

2299. You cannot continue it as a separate bureau?—If you have a case of small-pox breaking out in a lunatic asylum you would take charge of it, though it is under a separate bureau.

2300. Quite. Is there any reason why Dr. Niven should not have his specialist, as he probably has subordinate officers for tuberculosis in his district investigating it, acting under him?—It is all very well for Dr. Niven, but there are others who are not Dr. Nivens, and who, if they control in their individual districts the tuberculosis work, the plan will be different, the whole scheme will be different. The work will not be organised in the same way; they will not have a uniform method of training the tuberculosis officers; the work will not go on as it would if, from a central bureau, the work was all organised and controlled.

2301. If that central bureau were centred in the Local Government Board?—It makes no difference if it is a department or the Local Government Board, so long as the Local Government Board will let it alone. There ought not to be interference with the general plan of campaign. I have no doubt there would not be interference, but whether it is under the Local Government Board, or under what department, does not make a bit of difference, so long as the work is centralised, and every tuberculosis officer, and every tuberculosis nurse throughout the country felt that she was part of an army the general staff of which were her controllers.

2302. You have got at the Local Government Board, as already composed, all the elements of your special bureau; you have at the top of it, at the head of it, the intelligent and ignorant layman for which you stipulated; you have got all the rest of the paraphernalia of the working of the department. Why, therefore, change from that and set up a separate new department?—I am not advocating the setting up of a separate new department, only as a counsel of perfection. I know perfectly well that it probably is not feasible, but I am quite willing to tell you that I would prefer to see it.

2303. Yes, but you are starting a new one?—For the sake of the work.

2304. (*Dr. Newsholme.*) Unfortunately, I did not hear the whole of your evidence, but I would like to ask you

one or two questions. I take it you accept it as being a very important part of the programme of the diagnosis of tuberculosis that open cases of disease should be regulated with regard to the discharge of sputum and so on?—Undoubtedly.

2305. That a large proportion of the spread of the disease now is by means of the open disease in many persons?—Undoubtedly.

2306. And as far as bedridden cases are concerned, advanced cases, you would advise treatment in beds under hygienic conditions?—Segregation.

2307. Among the poor, who constitute more than half the population, do you think that such segregation can be given in their own homes?—No.

2308. Then you would put as a first item in your programme of preventive measures segregation in institutions of those cases that cannot receive proper treatment at home?—Yes. I would make it a matter entirely of the discretion of the tuberculosis officer. If the conditions of the home are such that the patient can be treated without danger of the infection, and if the arrangements are such that he can be properly looked after, I would let him remain at home, but preferably all such cases ought to be in institutions.

2309. Now, you regard such segregation, either at home or in the institution, as a most important means for preventing tuberculosis at the present time?—Most important.

2310. You were asked a little while ago what had been the chief means by which tuberculosis had been reduced in the past. You mentioned, and I entirely agree with you, if I may say so, housing, good social conditions, better food, and so on. Do you think it is likely that, with such segregation as has been got in the past, the improvement is largely due?—I think the segregation here in London has been one of the effective means of the remarkable reduction, but unfortunately it is only in London that it has been very marked, because after all, except in London and the very large towns, the segregation has not been very thoroughly carried out.

2311. Do you know the proportion living in these large towns?—The segregation has not been so large as in London.

2312. In Manchester, Sheffield, and other large towns it is being carried out, and has been carried out for many years past on a much larger scale?—I do not think there is any question that is one of the most important factors.

2313. I only want to bring out the fact that the factor exists; as I understood from you, you wanted a separate department both for research and administrative control of disease. You put the two things together?—Yes, but the one would be under the other, of course.

2314. The department that had the administrative control would also control research?—Undoubtedly.

2315. I think that is what you intended?—Undoubtedly.

2316. So that if the administrative control were to be by means of the Local Government Board, or a special subordinate department with almost complete autonomy, the subordinate department would, in your opinion, control research?—Control everything.

(*Chairman.*) Thank you, Sir William.

The witness withdrew.

Mr. A. H. TUBBY, M.S., F.R.C.S., called in and examined.

2317. (*Chairman.*) In your memorandum you deal chiefly with non-pulmonary tuberculosis, do you not?—Entirely.

2318. And I notice you advocate hospitals out of towns?—Yes.

2319. Would you have those institutions in connection with an urban hospital to which cases should first be sent either to be operated upon and then to be forwarded on to the country institution, or to be sent direct to the country institution, or would you not advocate that?—I would prefer them to be sent direct.

2320. As your clearing-house, would you suggest a special tuberculosis officer or dispensary?—Certainly, yes.

2321. You would have to have some channel, so you suggest that?—Yes.

2322. You advocate notification of non-pulmonary tuberculosis, do you not?—Yes.

2323. On what grounds?—Simply, in the first place, in order to be able to deal with the question efficiently and thoroughly, we should want to know in the first place the number of cases we had to deal with, and where they were.

2324. Would you notify, for instance, cases that were diagnosed by the Von Piruet test?—Certainly, yes.

2325. Do you consider non-pulmonary tuberculosis very infectious?—I think it is infectious when there are discharges present.

2326. And then you advocate the registration so as to follow the cases after discharge?—Undoubtedly.

2327. So as to be able to exercise supervision?—Undoubtedly, yes.

2328. Do you find many cases in which the disease recurs after the patient has been treated and the disease has been arrested? Do you find that it frequently recurs in after life?—I think if the disease is cured it does not recur; I think if it is only arrested it does.

2329. And the cure is affected in a large number of cases, provided the cases are taken in hand early?—Early, yes. That is one of the main elements.

2330. And the child that has had surgical tuberculosis, that has been cured when he grows to manhood, is he able to take his place as a wage-earner in labour market?—Undoubtedly.

2331. And support himself and his family?—Yes.

2332. I notice you say there should not be any age limit for patients. You mean that they should be taken whatever their age; do you mean age limit above or below a certain age?—Age limit below, as I define it there.

2333. Would you advocate or would you object to have surgical cases treated in the same institution as non-surgical cases, that is to say, in a sanatorium with pulmonary cases?—Yes.

2334. You would object to it?—Yes.

2335. On what ground?—Simply I do not think it is a good thing to collect a large mass of tuberculosis stuff together, whatever form it is, especially of different kinds.

2336. Why more of different kinds than of same kind?—Well, I imagine that pulmonary tuberculosis is a very contagious thing; you already have children suffering from tubercle in one form or the other, one has no wish to graft on to that particular form of tuberculosis, pulmonary tuberculosis by contagion.

2337. I notice that you advocate special institutions for incurables; is that for the benefit of the individual or for the benefit of the community?—That is for the benefit of the community really.

2338. Do you consider that bovine infection is a frequent source of non-pulmonary tuberculosis?—As far as one knows from the reports it is. I cannot say from personal investigation, but one gathers that it is so.

2339. That is to say, that you consider the milk problem is a serious problem and one that should be dealt with?—A very pressing one, yes.

2340. Have you any suggestions as to the way in which it should be dealt with?—I am afraid it is a very

large subject; a very large subject. Of course, the first thing is to deal with the cattle, and that I do not know how to deal with. I would rather not enter into it at all.

2341. On pasteurising milk; would you like to express any views on that? We have had rather opposite opinions on its value?—Well, my own opinion of pasteurised milk is that it loses a good deal of its value as a diet.

2342. But it is non-dangerous?—I think it would probably be non-dangerous as far as infection is concerned, but in doing the pasteurising process, I think milk loses a good deal of its value as a diet.

2343. May I ask whether you consider that research is needed in connection with non-pulmonary tuberculosis?—Undoubtedly, yes.

2344. And more so still with phthisis?—Very much more so, yes.

2345. A certain amount of money will be available shortly, roughly 40,000*l.* for England, 60,000*l.* for the United Kingdom. Are you satisfied with regard to the money that has been available for research in the past, that the best use has been made of this money. As to this 40,000*l.* would you advocate its being distributed among existing laboratories, among individual researchers or in scholarships, or would you prefer its being concentrated more or less on one big institution?—I would rather be disposed to think that a good way to deal with that question would be, in the first place, to have a central institute in or near a big centre such as London, and to roughly make that institute of two parts, first of all a clinical research laboratory presided over by a man with clinical sympathies, and secondly, not necessarily side by side with the other, a bacteriological laboratory presided over by a skilled bacteriologist. But I think in any research of that sort that the clinical research should be, so to speak, prominent, and the senior man of all should be a clinical researcher and a man with clinical sympathies. I do not think it should fall into the hands of a pure bacteriologist.

2346. Would you have it closely associated with beds?—The clinical laboratory I would undoubtedly, quite closely.

2347. If possible you would prefer to have these laboratories joined to a hospital, we will say?—The clinical laboratory joined to a hospital, but not necessarily the bacteriological laboratory.

2348. Then how would you link up the central institute with the various local institutes; they ought to be closely linked up, I suppose?—You mean the various local institutes scattered throughout the kingdom, sir?

2349. Yes; there is a large number of laboratories now?—Those present laboratories.

2350. And there may be more coming into existence. Would you have it under the direction of the central institute?—I rather contemplated the question in this way, that this money for research would be devoted to rather a new line or a new system of work, and that in London you would have a central institute and each county would also have laboratory arrangements by which more immediate and pressing problems could be dealt with, and finally referred to London for elucidation, irrespective of the present arrangements.

2351. Those local laboratories, would they be doing routine work?—They would be doing routine work and possibly some original work.

2352. But more especially routine work?—Routine work, yes.

2353. And the more special work would be sent up to London and be done there?—Yes.

2354. Now as to the spending of this money, would you think it should be spent by a Government Department or through an Advisory Committee or through a Director of Research, if I may put it that way?—I should advise it should be spent through an Advisory Committee entirely; an Advisory Committee to be responsible, not only for the spending but for the general direction.

2355. How do you mean the general direction?—That is to say, even above the Director of Research there should be an Advisory Committee.

2356. A committee, that is to say, to advise the department that had the money?—Yes, so far as the spending of the money is concerned.

2357. I do not know if you would care to discuss the details of the proposition of the Committee, or you only want to put forward the general principle of an Advisory Committee?—I have the same ideas, sir, if you would care to hear them.

2358. Certainly?—Do you mean the Advisory Committee for the whole scheme?

2359. Yes?—Well, it seemed to me after thinking the matter over, that the Advisory Committee should be composed of members who are dealing with the different branches of the work connected with the Act, and I imagine that the advantage would first of all clerical and statistical. I think I have some notes here. If one may put it in this way that the first branch would be finance, the branch of the Advisory Committee; secondly, clerical and statistical; thirdly, building and accommodation; fourthly, expert medical, surgical, and research; and lastly, educational. So an Advisory Committee, which was ultimately responsible for the working of the scheme dealing with tuberculosis in childhood should consist of members having qualifications falling under those heads.

2360. The Advisory Committee that you have in your mind would not merely deal with the research money, it would deal with the whole problem?—Yes, the whole problem.

2361. I thought you were only dealing with research?—No.

2362. But coming to research, for the moment, you would have that as a Special Committee or Advisory Committee?—I would certainly have two or three representatives on the Advisory Committee for research.

2363. Now taking the Committee as a whole, do you mean to say that it should carry out certain functions now in the hands of Government departments?—Such as, sir——

2364. Well, the Local Government Board, for instance, carries out a certain amount, or the Board of Education, for instance?—No, but I think you want constantly to be meeting the Board of Education, and constantly having interviews with the Local Government Board, and they will want to be advised. I take it the Local Government Board will want to be advised by the experts on this Committee as to what they should do in dealing with this particular problem.

2365. This should be a general Advisory Committee to advise any Government department which was connected with tuberculosis, as well as to advise on the spending of the research money?—That is right, yes.

2366. Before I leave the question of research I gather from your reply to a former question that you did not think that money spent in scholarships was money spent to the greatest advantage?—I think certainly some money has been spent on scholarships. The answer to that the question is the amount that you are going to spend, I think.

2367. Given a limited amount would you divide it?—No, I should not divide it into equal parts, certainly.

2368. And you would give a smaller share to scholarships?—I think so, because I think the present need is to get problems elucidated in connection with the disease now by skilled workers.

2369. That is to say it should be used not so much for training as for carrying on actual research?—Actual research.

2370. Do you consider it necessary to carry on research in connection with bovines on a farm that is to say?—I think so, undoubtedly, because unless we can attack that question I think we are working rather in vain.

2371. (*Dr. Newsholme.*) You advocate the notification of non-pulmonary forms of tuberculosis. Supposing you had to force all practitioners, would you ask for the notification of cases through diagnosis or would you take some particular method of diagnosis as your standard. You were asked about the Von Pirquet test, for example?—Yes.

2372. Would you not think that would include a great deal more than, administratively, it would be desirable to obtain?—I think there would be a certain number of errors that would creep in undoubtedly. I

do not see how you could do it unless you left it to the practitioners.

2373. Supposing in a particular neighbourhood you had a lot of glands in the neck, no doubt which were due to pediculous glands, would that not be rather awkward and involve a lot of unnecessary visits, and so on?—I think in any case it was important to decide whether they were tuberculosis or not; somebody would have to do it and it is better done quickly. I think the errors which might be made would be more than counter-balanced by the advantages of early diagnosis and treatment.

2374. Supposing you were the Medical Officer of Health and such cases of glands due to pediculi were notified to you and you had to check the opinion of the Medical Officer of Health, who has notified them; how would you be able to do that without getting into a serious controversy with the notifying practitioner?—I think you would have to check all that by your researches; that would be part of the problem.

2375. Would you mind telling me in that particular case how you would detect the nature of the gland swelling by researchers?—Well, of course, the absolutely only way, so far as I know, is by the clinical method.

2376. That is, cut out the gland, you mean?—In doubtful cases. If we are really doubtful we ask permission to remove a portion of the gland and examine it.

2377. But in actual administration the Medical Officer of Health would have to accept all those cases as being truly tuberculosis?—I think most of them are; I think a very large number of them are; they are found to be so clinically, that they are tuberculosis.

2378. I take it that you are more interested in the scientific and surgical aspect of the matter than the administrative?—Yes, surgical.

2379. You have not worked on a local authority, for instance?—No.

2380. You do not know the details of administration?—No.

2381. So in suggesting a separate Research Department, an Advisory Committee, and so on, you are speaking without a detailed knowledge of present arrangements, centrally or locally?—Yes, I am, undoubtedly.

2382. (*Dr. McVail.*) You have suggested that the Research Committee should be a subsidiary committee of the Advisory Committee; it should be, as it were, a sub-committee appointed by the Advisory Committee, and, therefore, the members of the Research Committee would be members of, but not constituting, the whole Advisory Committee?—Yes.

2383. Then how would you suggest that these members of the Research Sub-Committee should be selected; what sort of men would be suitable for them. Are you thinking of experts?—You do not want, I think, a bacteriologist to be supreme in any such committee, but rather a clinician. But what sort of men would be best for such a subsidiary Research Committee; would they be whole time men, for one thing; would they be men approved and paid to do this and confine themselves to it or would they be men brought in to give advice and to attend to their own work as hospital physicians and surgeons or otherwise?—I should think the latter would be preferable myself.

2384. It would be a Sub-Committee made up of men acquainted with the treatment of tuberculosis practically and who would come in to advise?—That is the point, yes, sir.

2385. Then the rest of the advisory committee—what constitution were you thinking of for it?—Constitution, that is to say those capable of dealing with finance.

2386. Laymen?—Yes, laymen.

2387. Representative laymen brought in from outside or laymen related to the particular Government Department that had charge of the funds?—Yes.

2388. Of course, the whole question of the Government Department would be simply a question of law. If the Government only act as stated, that one particular Department has charge of the money, there is little use in discussing whether another Government

Department might better have charge of the research, is there? What size of a committee would you think advisable, this totally advisory committee?—Ten or twelve, not more.

2389. Ten or twelve, including perhaps three or four men engaged in the work of tuberculosis treatment, and would you have any bacteriologists on the committee, not to control it, but as members. You are afraid of experts?—Not the least, sir; no, I am not the least afraid of experts at all. I should say you would do very well to have a clinical pathologist and a bacteriologist.

2390. For the purpose of advice and consultation?—Yes.

2391. And then would you have any whole-time paid central direction of the work, or would you let the advice and general control be in the hands of this committee so composed?—The latter.

2392. (*Dr. Latham.*) You said that you objected to different kinds of tuberculosis being treated in the same institution. Does your objection extend to different kinds being treated in different pavilions of the same institution?—No. When I raised that point I rather objected to the idea of having different kinds of tuberculosis side by side in the same ward.

2393. You would not object to it in the same institution if they were separated?—Not if they were well separated in separate pavilions.

2394. Then I take it from your memorandum that you prefer treatment of surgical tuberculosis in the country to a city or town?—It is not a question of preference; I regard it as absolutely essential.

2395. With regard to operations, I do not know what your views are in regard to operations in surgical tuberculosis; would you regard it as a thing which will gradually become unnecessary, but at present is a necessary evil, or shall we always have to operate on a considerable number?—I expressed all my views on this point very clearly in this copy of "The Practitioner," which I sent to some members of the Committee and I was asked to send some more, but they are practically out of print. I have only one or two left. The universal experience now is, I have here, statements and facts from America, and so on, that the rate of operations, or the number of operations, is steadily diminishing as the open-air treatment is persisted in.

2396. (*Chairman.*) Might I add that after to-day's conversation you will have an opportunity of revising your memorandum, and adding to it any points?—I must explain to you about the memorandum, that I was asked while I was away in Athens or Constantinople, and I really had not the facts, so I only sent on second-hand a very short one, gathered from those papers, but I shall be very happy to revise it in any way that may be deemed necessary.

2397. Only if you wish to?—I should like to, yes.

2398. (*Dr. Latham.*) So long as operations are necessary, where do you think those operations should be performed? Do you think they ought to be performed by expert surgeons coming down from a neighbouring town, or do you think it would be sufficient if we got an adequate expert in charge of the institute?—My ideas have undergone a change on that point. During the last five or six years I have thought it out. Formerly I was of the opinion that these tuberculous children should be taken to a hospital, say, in London; the operation should be done there, then they should be moved after a few days down to the country. Now I believe it to be absolutely better for these children if they were sent to the hospital in the country, if the operation was carried out there, and they were kept there the whole time, that is to say, that these country institutions should be run from a hospital basis point of view and not from a convalescent home point of view, which they might otherwise tend to be. The whole treatment should be carried out in the special institution from first to last, and of course that would involve having a surgeon there and a resident medical officer or surgeon to deal with them.

2399. There might be some difficulty in getting a man to take a post of that kind who was really sufficiently expert. What sort of salary do you think

would attract a man to that sort of position and keep him there?—The first point you have raised is a very important one, if the idea of the country hospital is carried out, which the Committee will have to face. You have not only to educate the people up to those ideas, but you will also have to educate medical men and men who are capable of acting as resident medical officers at those places. That is the first difficulty, and I imagine that in order to do that there will be some arrangements made by which they will receive some instruction from experts to begin with. You really have to create your resident medical officers.

2400. (*Chairman.*) They do not exist now?—They do not exist now; not the specialists.

2401. (*Dr. Latham.*) What sort of salary do you think they would necessarily have?—A resident medical officer down there—

2402. Sufficient to keep him there?—I do not think you would do that for less than 600*l.* a year.

2403. Then to go to another point which Dr. News-holme raised. Supposing all cases of glandular tuberculosis, or enlargement of the glands, were notified, there might possibly be some administrative difficulty about the number of glands which were notified which were really not tuberculosis, and I quite agree with what you said, but I should like to know whether you could give us any information as to the estimate of the percentage of tuberculosis in enlarged glands. Take 100 cases of enlarged glands, how many of them do you think would turn out to be tuberculosis?—I think for a moment of my Evelina experience, where we are overwhelmed with this. I should say I should not be far wrong if I said 80 to 90 in children.

2404. So that the limit of error would be something like 20 per cent.; the outside limit?—10 to 20 per cent.

2405. To go to one other point, you said with regard to Pasteurisation that you regarded Pasteurised milk as less valuable as diet?—The general grounds; children do not flourish on it.

2406. Clinical experience?—Clinical experience.

2407. Do you think they flourish to a less extent than they would on sterilized milk?—Sterilized milk is worse still.

2408. Sterilized milk worse than Pasteurised?—Than Pasteurised, yes.

2409. Then with regard to the question of research, could you indicate in any way on what lines you think research is required in a non-pulmonary form of tuberculosis. Could you give us an instance of what sort of research you would like to be carried out?—There is the question—take bones and joints—there are many important questions which are pressing there. There is first of all the question whether it is the bone or the sound tissues which are involved, the question of protection by bacilli being incapsuled and so on.

2410. Largely clinical?—Mine is the clinical point of view. I leave the other to the bacteriologists; they have their own problems.

2411. You said you thought an institute ought to be established where you would have a clinical department and a bacteriological department. The clinical department will consist of beds and a clinical laboratory?—Yes.

2412. Now what do you mean by a clinical laboratory, as distinct from a bacteriological?—A clinical laboratory embraces this idea, that a certain specimen is removed; it has to be examined histologically, possibly chemically, and probably bacteriologically. A clinical laboratory undertakes every branch of investigation work dealing with clinical material, and a bacteriological, I imagine, deals with the more abstruse problems, the question of the cultivation or strains of bacteria or changes in bacteriological products.

2413. But your clinical laboratory would merely mean more a question of routine investigations than actual research, except the collection of data and statistics?—It would be most valuable in the way of the collection of data.

2414. But it would not be research, seeking out new methods by experimental questions?—No, except in so far that you can only seek out new views by ascertaining exactly what goes on clinically.

2415. It is the statistical rather than the experimental line?—No; I cannot admit that.

2416. Would you carry out experiments at the clinical laboratory?—Yes, if I had a licence, undoubtedly.

2417. Why would you divorce the two?—If you press me very hard on this question, I think bacteriological research, excellent as it is and so on, occupies very much the relationship of pathology and physiology.

2418. The reason I am pressing you is this, do you not think the time has come when the clinician and the bacteriologist has got to work side by side?—Of course they work side by side. The idea of working side by side is embraced in the idea of the clinical laboratory.

2419. That is to be divorced from the bacteriological?—When you say “divorced,” not necessarily, I take it. If the clinical laboratory man were in difficulties over any culture, or what not, he would promptly go and ask the bacteriologist about it, and he would take up the question.

2420. But you would be averse to both things being carried out in the same laboratory?—I think, on the whole, it is better not to do it.

2421. (*Dr. Marcus Fraser.*) Have you formed any opinion, having regard to your great experience, what bovine tuberculosis is caused by, to what it is due, the cause, whether it is human caused or bovine caused, milk?—I hold the opinion that it is mostly bovine.

2422. It is among the poorer patients principally, is it not?—Yes.

2423. It is not found in well nourished children, the better classes?—Well, of course, the incidence, is less in the well-to-do classes, much less.

2424. Yet they would have as much milk, probably more milk than the poorer classes?—Probably they will be more, yes.

2425. Is it the only cause?—There are other factors, of course.

2426. With regard to the treatment of these children and the hospital wards they are put in, would you prefer them to be open-air wards or not?—I am glad you have asked the question, because no one has touched on that aspect. I am very glad to give my views upon it, because there is a great deal of work being done in that direction. The point is this, that I think in the first place every possible means should be taken to secure open air treatment, and I will go as far as advocating tents for the summer and even temporary wooden buildings for the winter, and I would avoid putting up expensive buildings of brick and mortar, and brick and mortar pavilions, and so on. I have been reading through these various hospital reports from America, New York, Nebraska, and these places. They are treated there in what are called “Shacks.” As far as I can make out, the American “Shack” is a combination of open and close, which allows open-air treatment and perpetual sunshine, combined with protection against weather and protection against insects.

2427. The more open-air the better?—It is absolutely essential.

2428. Now with regard to your views on the treatment, you are rather inclined to try immobilisation or rest in preference to surgery; am I correct in thinking that?—Yes, I have gone through the stages of active surgery, and I have come to the stage of active conservatism.

2429. May I ask just one question? Have you formed that opinion because of the danger of generalisation of disease after surgical experience?—No; what really led me to form that opinion was this: When I was surgeon at the Evelina, most of my time up there was taken up in operating on tuberculosis cases, tuberculous children, and most of my beds were occupied in that way. And then I began to look at my results, and I found that, despite all my operating and all my care, that these children were coming back to the hospital four or five times with the disease, relapses, and it seemed to me there must be something absolutely wrong in the whole system. And then I began to look into the matter carefully, and I began to send them away, and I found they did so much better. I

probably got my first hints by treatment of private cases. I sent them away; some of them extremely bad, five or six sinuses in the spine, and they got well by leaving them alone in the fresh air. That is how I arrived at that idea.

2430. In regard to research, I would only like to ask you one other question. After all the amount of work that you have done, which do you really think is the most important line to go on to obtain the facts that you would like to ascertain?—You mean in research?

2431. Yes, in research. I am dealing more with the causation of the disease in children?—I think the important thing to ascertain is method of ingress; how it gets there.

2432. You would start on investigating bovine?—Yes.

2433. (*Dr. Niven.*) I would just like to ask you, in the constitution of your Advisory Committee you told us that you had no special knowledge of administrative matters, still you will know that a large amount of administration of tuberculosis must be carried out, in fact the whole of it, practically, through the local authorities, and that a good deal of the actual administrative work is done by medical officers of health. Well, now, do you not think that those great bodies who have to pay also a large share in the carrying out of this work ought to be represented in some way upon such an Advisory Committee?—Which bodies are you referring to?

2434. Local authorities?—Well, I take it that you will probably work, all your arrangements will be made through the various county councils.

2435. But the local authorities in the provinces have nothing to do with the London county council?—Not the London, with the county councils.

2436. There are large boroughs, large towns approaching 1,000,000 population?—Well, these are equivalent to county councils in their administrative powers.

2437. Generally speaking, I am taking it for granted that you think it, they do spend a large amount of money, and as they do quite a large amount of administration, the sanitary authorities throughout the country should be represented on such an Advisory Committee?—It is only a question of the size of the Advisory Committee. If you like to make it large enough you could represent most people, you say.

2438. But I think you told us that the insurance sides would be represented on account of finance, did you not?—I think the finance should be represented, yes. Of course they would deal, I suppose, with all the questions that you are alluding to now, the financial members would.

2439. Where would they be represented from?—They would be chosen, I imagine, appointed and chosen.

2440. Chosen by whom?—As good financiers.

2441. By whom; by what authority?—Not by any authority, but, I suppose, by those who are responsible.

2442. A Committee must be appointed by somebody; who is to appoint the Committee?—I think I must leave alone those questions; I have nothing to do with them.

2443. Now you were very clear in dealing with questions of research that there would be two sides, the clinical and the bacteriological, or rather two methods, but from your point of view the clinical was usually the more important of the two?—I think so, yes.

2444. Then it is quite conceivable, therefore, that in the carrying out of research you would have the clinical man drawing upon the resources of the bacteriological researcher?—Yes.

2445. Or, on the other hand, you might be the special researcher, the bacteriologist drawing upon the resources of the clinical man?—Yes.

2446. Similarly, the etiologist, the man who is investigating disease in the homes, might draw from the resources of the bacteriologist and *vice versa*, so there is nothing limiting research to the bacteriological laboratory; it may be initiated in the clinical department with the assistance of the other?—Undoubtedly.

2447. And so also in the etiological department, he might invoke the assistance of the other?—Yes.

Somebody would have to be responsible, and, personally I should prefer to see a clinical pathologist responsible for the research and under him a bacteriologist, and so on.

2448. Where you have a large well-equipped laboratory with a lot of people working in it at different problems, such a laboratory you think would be a good place in which to carry out researches and to which to give grants in aid?—That would be undoubtedly.

2449. (*Chairman.*) Have you any idea of the number of beds per population that would be required at the present day in the United Kingdom?—If somebody will tell me the number of children in the United Kingdom under 16, I might make an estimate.

2450. 6,000,000 school children?—Does it include infants?

(*Dr. Leslie Mackenzie.*) Between 6,000,000 and 7,000,000, including infants.

(*Dr. Meredith Richards.*) About 11,000,000 I think.

(*Dr. Niven.*) It is more than 6,000,000.

(*Dr. Mearns Fraser.*) Take it at 10,000,000.

(*Dr. McVail.*) I think there are about 6,000,000 school children, are there not, between 5,000,000 and 6,000,000, and you have all those under 5.

(*Dr. Meredith Richards.*) There are 6,000,000 in England and Wales between 5 and 14.

2451. (*Chairman.*) Take it at 10,000,000; you only want to get a percentage really?—I have thought of that, and I do not quite know how to arrive at them. The question is, whether there should be one bed for every 5,000 or 10,000 children. I do not know. I should think myself that it would probably be about one to every 5,000, but there is no exact data to go upon. I can only tell you this point, that out of 2,000 children who were admitted to the Evelina Hospital for various reasons, 10 per cent. of them were affected with some form of surgical tuberculosis, and that might give you some idea as to how you could arrive at the data. But I should say that one in 5,000 might be somewhere about the mark. Although I am inclined to think it is too little, still you might put it at that.

2452. You think, probably, it is an under-estimate, one in 5,000?—Yes. What I do think is this, that when you come to hunt up it is a very striking thing. Until these various philanthropic agencies, cripple agencies, and so on, were started, people said there is no use for them whatever, there are no cripples. They looked round the next street and they found four. When you came to look them up you find there are many more cases than you possibly think exists, and that is where I think you will probably find your deficiency; you will find there are ever so many more than you possibly know of.

2453. That is one of the reasons why you want compulsory notification?—My idea is for compulsory notification. You can only start a scheme on a business basis when you know what number you are to deal with, where they are, and what they are doing, and, further, you want to trace them from the very beginning to the very end.

2454. Are there any other points that we have not brought out that you would like to bring before the Committee?—I hope I do not weary the Committee. I had abstracted a number of things from America here; if anything strikes me, may I just give it you? As matter of fact, I am also on the staff of the Treloar Hospital. Dr. Gauvain has given you all the points about maintenance, and that sort of thing. With regard to New York State Hospital for Tuberculosis, they train them as well as treat them, and the kind of occupations that they bring them up to are such things as cashiers, stenographers, typewriters, milliners, and bookkeepers.

2455. Is that because they find they cannot stand harder work?—Yes. And then with regard to the cost of that hospital; excluding the cost of the ground they built the Hospital in New York State for 30,000*l.* for 400 patients. The question of detention is rather interesting. They say they cannot detain children unless they are committed to the care of the hospital by a magistrate or an overseer; I suppose that question will not apply here at all. And then there are

illustrations here if you care to see them, of the out-door treatment.

2456. Perhaps you would not mind giving us the reference?—The 7th, 8th, and 9th Annual Report of the New York State Hospital for the care of Crippled and Deformed Children.

2457. (*Chairman.*) Perhaps you might incorporate in your memorandum any important point. Would you mind doing that?—Is there any limit to the length of the memorandum at all.

2458. No; we have got some long ones and some short ones.

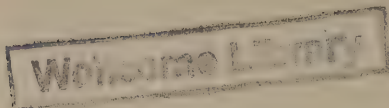
2459. (*Dr. Newsholme.*) Dr. Niven was asking you the sequel to my question about glands due to pediculi, and the percentages of tuberculosis; I must say I was very much surprised at the large percentage?—I know you were.

2460. May I suggest to you that the cases that came to you as a surgeon are selected cases, and the worst of that particular disease, that is to say, the minor glands due to pediculi would not come your way, only those that are aggravated in character and probably somewhat persistent in type?—I do not accept the suggestion.

2461. I was merely surprised at the excessive percentage?—No, I do not accept it.

(The witness withdrew.)

Adjourned till Tuesday, the 11th of June next,
at 10.30 a.m.



3

962

